## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVEL 06-24-2005 90001 027 \*\*\*150.00 p03000121360

| Principal Place of Dusiness   169 SW 3RD STREET   FORMAND BEACH, FL 33060   169 SW 3RD STREET   160 SW 3RD STREET     | DOCUMENT # P03000121360  1. Entity Name ESTHETIC VENTURES ETC, INC.                 |                                    |                  |                     |  |                           | 05 JUL 18 AM 9: 22<br>SECRETARY OF STATE<br>TALLAHASSEE, FLORIDA |                  |           |          |                |
|---|---|------------------------------------|------------------|---------------------|--|---------------------------|--|------------------|-----------|----------|----------------|
| SAIL A. P. EV. State   SAIL A. P. EV.   State   SAIL A. P. EV.   State   City & Ci  | 169 SW 3RD STREET 169 SW 3RD  |                                    |                  | 3060                |  |                           |  | •                |           |          |                |
| City & State  State Status Desired  Status Desired (I Now Registrored Apont  City  FL  Zip Coode  Status Desired Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Coode  Status Desired Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Coode  Status Desired Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Coode  Status Desired Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Coode  Status Desired Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Coode  Status Desired Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Coode  Status Desired Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Coode  Status Desired Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Coode  Status Desired Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Coode  Status Desired Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Coode  Status Desired Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Coode  Status Desired Address (P.O. Box Number is Not Acceptable)  Desired Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Coode  State Address (P.O. Box Number is Not Acceptable)  Desired Address (P.O. Box Number is Not Acceptable  | SAUE  |                                    | SAUG             |                     |  |                           |  |                  |           |          |                |
| 8. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name SALE  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  8. The above numed entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent.  SIGNATURE Synals from Street Address (P.O. Box Number is Not Acceptable)  FL Zip Code  8. The above numed entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent.  SIGNATURE Synals to the State of Florids. I am familiar with, and accept the obligations of registered agent or registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent or registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent are registered agent.  SIGNATURE Synals to the State of Florids. I am familiar with, an  | City & State  |                                    | City & State     | <del></del> .       |  | 4. FEI Number Applied For |  |                  |           |          |                |
| DERMAKE, ROBIN J 169 SW 3RD STREET POMPANO BEACH, FL 33060  City FL Zip Code  8. The above named entity submist his satisment for the ourcose of changing its registered office or registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent.  SIGNATURE  SIGNATURE  FILE NOWIT: FEE IS 3550.00  Due by September 7, 2005  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  ITIE  NAME  DERMAKE, ROBIN J  SIRET ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  ITIE  NAME  DERMAKE, ROBIN J  SIRET ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  ITIE  NAME  SIRET ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  ITIE  NAME  SIRET ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  ITIE  NAME  SIRET ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  ITIE  NAME  SIRET ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  ITIE  NAME  SIRET ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  ITIE  NAME  SIRET ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  ITIE  NAME  SIRET ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  ITIE  NAME  SIRET ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  ITIE  NAME  SIRET ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  ITIE  NAME  SIRET ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  ITIE  NAME  SIRET ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  ITIE  NAME  SIRET ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  ITIE  NAME  SIRET ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  ITIE  NAME  SIRET ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  ITIE  NAME  SIRET ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  ITIE  NAME  SIRET ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  ITIE  NAME  SIRET ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  ITIE  NAME  SIRET ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  ITIE  NAME  SIRET ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  ITIE  NAME  SIRET ADDITIONS  CITY ST. 20  CITY ST. 20  CITY ST. 20  CITY ST. 20   | Zip   | Country                            | Country Zip Cour |                     |  |                           | 5. Certificate c   | l Status Desired |           |          |                |
| Street Address (P.O. Box Number is Not Acceptable)    Street Address (P.O. Box Number is Not Acceptable)  | Name and Address of Current Registered Agent  |                                    |                  |                     |  |                           |  |                  |           |          |                |
| Street Address (P.O. Box Number is Not Acceptable)    City  | I DERMAKE ROBIN I   |                                    |                  |                     | NAME SAME  |                           |  |                  |           |          |                |
| City FL Zip Code  8. The above named entity submist his statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent.  SIGNATURE COLOR of the state of the save agent and Tart spokedor.  PILE NOWITH: FEE 15: \$550.00  Due by September 7, 2005  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITIE  MAKE STREET ADDRESS CITY-51- ID  ITIE  MAKE STREET ADDRESS STREET ADDRESS CITY-51- ID  ITIE  MAKE STREET ADDRESS STREET  | 169 SW 3RD STREET   |                                    |                  |                     | Street Address (P.O. Box Number is Not Acceptable) |                           |  |                  |           |          |                |
| B. The above named entity submits this statement for the ourpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  STILE INDUST: FEE IS \$550.00  Due by September 7, 2005  10. OFFICERS AND DIRECTORS  Trust Fund Contribution. Added to Fees  DERMAKE, ROBIN J. STREET ADDRESS.  CITY-ST-2P DERM | 7 300 52 300, 12 33333  |                                    |                  |                     |  |                           |  |                  |           |          |                |
| SIGNATURE  Structure of the obligations of registerior agent.  SIGNATURE  Structure of the service of the servi  |   |                                    |                  |                     | City FL Zip Code                                   |                           |  |                  |           |          |                |
| Trust Fund Contribution. Added to Fees  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE NAME 169 SW 3RD STREET POMPANO BEACH, FL 33080 CITY-ST-2P  TITLE NAME STREET DRESS CITY-ST-2P  TITLE NAME STREET ADDRESS CITY-ST-2P   | the obligations of registered agent.  SIGNATURE ROLYWG. DOYM do Pres. Quie 12. 2005 |                                    |                  |                     |  |                           |  |                  |           |          |                |
| TITLE NAME DERMAKE, ROBIN J 169 SW 3RD STREET DOMPANO BEACH, FL 33060  Delete TITLE NAME STREET ADDRESS CITY-ST-ZP  TITLE NAME STREET ADDRESS CITY  |   |                                    |                  |                     |  |                           |  |                  |           |          |                |
| NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP   | <del> </del>  |                                    |                  |                     |  | -                         |  | CHANGES TO OF    | FICERS AN |          |                |
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| NAME STREET ADDRESS CITY-S1-ZIP  TITLE NAME STREET ADDRESS  | NAME<br>STREET ADDRESS  |                                    | ☐ Delste         | NAM<br>Stre         | et adoress   |                           |  |                  |           | ☐ Change | Addition       |
| NAME STREET ADDRESS CITY-S1-ZIP  TITLE Delete TITLE NAME STREET ADDRESS CITY-S1-ZIP  TITLE NAME STREET ADDRESS CITY-S1-ZIP  TITLE NAME STREET ADDRESS CITY-S1-ZIP  TITLE Detete TITLE NAME STREET ADDRESS CITY-S1-ZIP  TITLE STREET ADDRESS   | NAME<br>STREET ADORESS  |                                    | ☐ Delette        | HAM<br>Stri         | E .<br>Et address                                  |                           |  |                  |           | Change   | Addition       |
| NAME STREET ADDRESS CITY-ST-ZIP  TITLE Detele TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS STREET ADDRESS STREET ADDRESS   | NAME<br>STREET ADDRESS  |                                    | ☐ Delste         | NAM<br>STRE         | E<br>Et address                                    |                           |  |                  |           | Change   | Addition .     |
| NAME STREET ADDRESS STREET ADDRESS  | NAME<br>STREET ADDRESS  |                                    | ☐ Delate         | NAM<br>STAI         | E<br>Et address                                    |                           |  |                  |           | ☐ Change | Addition       |
| 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information  | NAME STREET ADORESS CITY-ST-ZIP   |                                    |                  | HAM<br>STRE<br>CITY | E<br>EET ADDRESS<br>-ST-ZIP                        |                           |  |                  |           |          |                |

Indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCHATURE AND TYPED OFFICIAL NAME OF SIGNING OFFICER OR DIRECTOR