

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90291 034 ***150.00

DOCUMENT # P03000126802
 1. Entity Name
BEAUTIFUL SKIN BY CARMEN, INC.



Principal Place of Business Mailing Address
 1363 BUCKINGHAM ROAD 1363 BUCKINGHAM ROAD
 WINTER PARK, FL 32789 WINTER PARK, FL 32789

20019017



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

02252005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
20-0438528 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent **7. Name and Address of New Registered Agent**

WORLEY, MICHELLE S CPA
 12200 W. COLONIAL DRIVE
 SUITE 200
 WINTER GARDEN, FL 34787

Name **Carmen Roberts**
 Street Address (P.O. Box Number is Not Acceptable)
1363 Buckingham Road
 City **Winter Park** **FL** Zip Code **32789**

8. The above named entity submits this statement for the purpose 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 *Carmen Roberts* **Carmen Roberts, Director** **3/2/05**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	ROBERTS, CARMEN.	
STREET ADDRESS	1363 BUCKINGHAM ROAD	
CITY-ST-ZIP	WINTER PARK, FL 32789	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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: *Carmen Roberts* **3/2/05** **(407) 999-8982**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CARMEN ROBERTS