

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000016978

FILED  
May 31, 2006  
Secretary of State

Entity Name: CLINICA DE ESTETICA SPA CRUZ & K SKIN CARE, INC.

## Current Principal Place of Business:

383 WEST WARD DRIVE  
MIAMI, FL 33166 US

## New Principal Place of Business:

## Current Mailing Address:

383 WEST WARD DRIVE  
MIAMI, FL 33166 US

## New Mailing Address:

FEI Number: 42-1617985

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PEREZ, CRUZ M  
741 SE 7TH PLACE  
HIALEAH, FL 33010 US

## Name and Address of New Registered Agent:

PEREZ, CRUZ M  
15560 SW 108 AVE  
MIAMI, FL 33157 US

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.

SIGNATURE: CRUZ M. PEREZ

05/31/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( )

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: PEREZ, CRUZ M  
Address: 741 SE 7TH PLACE  
City-St-Zip: HIALEAH, FL 33010

Title: VP ( ) Delete  
Name: MARTINEZ, AMERICO  
Address: 383 WEST WARD DRIVE  
City-St-Zip: HIALEAH, FL 33010

Title: SEC ( ) Delete  
Name: FELIX, VICTOR  
Address: 383 WEST WARD DRIVE  
City-St-Zip: HIALEAH, FL 33010

Title: TRE (X) Delete  
Name: SEGOVIA, MARIA  
Address: 383 WEST WARD DRIVE  
City-St-Zip: HIALEAH, FL 33010

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: PEREZ, CRUZ M  
Address: 15560 SW 108 AVE  
City-St-Zip: MIAMI, FL 33157

Title: VP (X) Change ( ) Addition  
Name: MARTINEZ, AMERICO  
Address: 15560 SW 108 AVE  
City-St-Zip: MIAMI, FL 33157

Title: SEC (X) Change ( ) Addition  
Name: FELIX, VICTOR  
Address: 15560 SW 108 AVE  
City-St-Zip: MIAMI, FL 33157

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CRUZ M. PEREZ

P

05/31/2006

Electronic Signature of Signing Officer or Director

Date