

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000035093

FILED
Mar 06, 2008
Secretary of State

Entity Name: PALM BEACH AESTHETICS, INC.

Current Principal Place of Business:

580 VILLAGE BLVD.
#210
WEST PALM BEACH, FL 33409 US

New Principal Place of Business:

Current Mailing Address:

580 VILLAGE BLVD.
#210
WEST PALM BEACH, FL 33409 US

New Mailing Address:

FEI Number: 20-0788115 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GABRIEL, BRIAN P
11380 PROSPERITY FARMS ROAD
SUITE 204
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PONTILLO, PAUL
Address: 17160 GULF PINE CIRCLE
City-St-Zip: WELLINGTON, FL 33414 US

Title: VP () Delete
Name: LIPORACE, DAVID
Address: 580 VILLAGE BLVD. #210
City-St-Zip: WEST PALM BEACH, FL 33409 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify 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: JACQUELINE MIKA

MRS

03/06/2008

Electronic Signature of Signing Officer or Director

_____ Date