

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000038285

Entity Name: KAREN'S SKIN CARE, INC

FILED
May 04, 2007
Secretary of State

Current Principal Place of Business:

12251 NW 10 STREET
PEMBROKE PINES, FL 33026

New Principal Place of Business:

5081 SW 94 WAY
COOPER CITY, FL 33328

Current Mailing Address:

12251 NW 10 STREET
PEMBROKE PINES, FL 33026

New Mailing Address:

5081 SW 94 WAY
COOPER CITY, FL 33328

FEI Number: 20-0800731

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOPEZ, YOVANNA
12251 NW 10 STREET
PEMBROKE PINES, FL 33026 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: YOVANNA LOPEZ

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: PDT () Delete
Name: OCAMPO, ELIZABETH P
Address: 12251 NW 10TH ST
City-St-Zip: PEMBROKE PINES, FL 33026

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDT (X) Change () Addition
Name: OCAMPO, ELIZABETH P
Address: 5081 SW 94 WAY
City-St-Zip: COOPER CITY, FL 33328

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: ELIZABETH OCAMPO

PDT

05/04/2007

Electronic Signature of Signing Officer or Director

Date