

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000039418

Entity Name: ESTETIC TREATMENT CENTRE, INC.

FILED
Oct 13, 2005
Secretary of State

Current Principal Place of Business:

3250 N W 85TH AVE
22
CORAL SPRINGS, FL 33065

New Principal Place of Business:

9741 W SAMPLE RD
CORAL SPRINGS, FL 33065

Current Mailing Address:

3250 N W 85TH AVE
22
CORAL SPRINGS, FL 33065

New Mailing Address:

9741 W SAMPLE RD
CORAL SPRINGS, FL 33065

FEI Number: 20-0798519

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OSORIO, LUISA
3250 N W 85TH AVE
#22
CORAL SPRINGS, FL 33065 US

Name and Address of New Registered Agent:

OSORIO, LUISA
6447 NW 22 ST
MARGATE, FL 33063 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: LUISA OSORIO

10/13/2005

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: LUISA, OSORIO
Address: 3250 N W 85TH AVE
City-St-Zip: CORAL SPRINGS, FL 33065

Title: D (X) Delete
Name: NEAL, TORIBIO
Address: 3250 N W 85TH AVE
City-St-Zip: CORAL SPRINGS, FL 33065

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LUISA, OSORIO
Address: 6447 NW 22 ST
City-St-Zip: MARGATE, FL 33063

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 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 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: LUISA OSORIO

P

10/13/2005

Electronic Signature of Signing Officer or Director

Date