

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000045039

FILED
Apr 13, 2006
Secretary of State

Entity Name: ANTI-AGING AND MESOTHERAPY CENTER, INC.

Current Principal Place of Business:

3661 S MIAMI AVE STE 402
MIAMI, FL 33133

New Principal Place of Business:

3661 S MIAMI AVE
SUITE 402
MIAMI, FL 33133

Current Mailing Address:

3661 S MIAMI AVE STE 402
MIAMI, FL 33133

New Mailing Address:

3661 S MIAMI AVE
SUITE 402
MIAMI, FL 33133

FEI Number: 34-1986134

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOMEZ, ENRIQUE
3661 S MIAMI AVE STE 402
MIAMI, FL 33133 US

Name and Address of New Registered Agent:

GOMEZ, ENRIQUE L MD
3661 S MIAMI AVE
SUITE 402
MIAMI, FL 33133 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: ENRIQUE L GOMEZ, M.D.

04/13/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: CRUZ, DR LUIS
Address: 3661 S MIAMI AVE STE 402
City-St-Zip: MIAMI, FL 33133

Title: DS () Delete
Name: GOMEZ, DR ENRIQUE
Address: 3661 S MIAMI AVE STE 402
City-St-Zip: MIAMI, FL 33133

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 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: ENRIQUE L GOMEZ M.D.

DS

04/13/2006

Electronic Signature of Signing Officer or Director

Date