

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 12, 2008 8:00 am**  
**Secretary of State**

09-12-2008 90001 015 \*\*\*150.00

40113100



08252008 Chg-P CR2E034 (12/06)

<b>DOCUMENT # P04000053711</b> 1. Entity Name <b>MARIA SKIN ANALYSIS &amp; DESIGN, INC.</b>					
Principal Place of Business <b>12337 NW 7TH STREET MIAMI, FL 33182</b>			Mailing Address <b>12337 NW 7TH STREET MIAMI, FL 33182</b>		
2. Principal Place of Business - No P.O. Box # <b>9700 SW 119 ST</b>		3. Mailing Address <b>9700 SW 119 ST</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>MIAMI Florida</b>		City & State <b>MIAMI Florida</b>		4. FEI Number <b>51-0503721</b>	
Zip <b>33176</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>AYALA, MARIA S 12337 NW 7TH STREET MIAMI, FL 33182</b>			7. Name and Address of New Registered Agent Name <b>Ayala, Maria S</b> Street Address (P.O. Box Number is Not Acceptable) <b>9700 SW 119 ST</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33176</b>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <input checked="" type="checkbox"/> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP AYALA, MARIA S <del>12337 NW 7TH STREET</del> <b>9700 SW 119 ST</b> <del>MIAMI, FL 33182</del> <b>33176</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD AYALA, GILBERTO <del>12337 NW 7TH STREET</del> <b>9700 SW 119 ST</b> <del>MIAMI, FL 33182</del> <b>33176</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b>			<b>8/25/08</b> (305) 220-4465		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		