

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000073397

Entity Name: SKINTILLATION SPA, INC.

FILED
Jul 06, 2005
Secretary of State

Current Principal Place of Business:

6105 44 CT EAST
BRADENTON, FL 34203

New Principal Place of Business:

11519 PALMBRUSH TRAIL
BRADENTON, FL 34202

Current Mailing Address:

6105 44 CT EAST
BRADENTON, FL 34203

New Mailing Address:

11519 PALMBRUSH TRAIL
BRADENTON, FL 34202

FEI Number: 30-0293309

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

EASTMAN, TREY E
5026 VILLAGE GARDENS DRIVE
SARASOTA, FL 34234 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: TREY E. EASTMAN

07/06/2005

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: DP () Delete
Name: SZABO, MONIKA
Address: 6105 44 CT EAST
City-St-Zip: BRADENTON, FL 34203

Title: DP () Delete
Name: SZABO, MONIKA
Address: 6105 44 CT EAST
City-St-Zip: BRADENTON, FL 34203

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DVP (X) Change () Addition
Name: SZABO, ATTILA
Address: 6105 44 CT EAST
City-St-Zip: BRADENTON, FL 34203

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: ATTILA SZABO

DVP

07/06/2005

Electronic Signature of Signing Officer or Director

Date