## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000076401

City-St-Zip:

CAXIAS DO SUL, RS 95041 BR

FILED Apr 30, 2006 Secretary of State

Entity Name: DERMATONE USA, INC.						
Current Pr	incipal Place	of Business:	New Princ	New Principal Place of Business:		
5944 CORAL RIDGE DRIVE # 117						
CORAL SP	RINGS, FL 33	3076				
Current Ma	ailing Addres	s:	New Maili	New Mailing Address:		
5944 COR# # 117	AL RIDGE DRI	VE				
CORAL SPRINGS, FL 33076						
FEI Number:	27-0090603	FEI Number Applied For ( )	FEI Number Not Appl	icable ( )	Certificate of Status Desired ( )	
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:		
SPIEGEL & 1840 SW 2 4TH FLOOI MIAMI, FL	R	A.	11771 WES APT#23	VALVEZAN, PAULO R PRES. 11771 WEST ATLANTIC BLVD. APT#23 CORAL SPRINGS, FL 33071 US		
The above in the State		ubmits this statement for the pu	ırpose of changing i	ts registered o	ffice or registered agent, or both,	
SIGNATUR	E: PAULO V	ALVEZAN		04/30/2006		
	Electron	ic Signature of Registered Ager	nt	Date		
Election Cam	paign Financing	Trust Fund Contribution ( ).				
OFFICERS	AND DIREC	rors:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	VALVEZAN, PAL	Delete JLO R PRESIDE DGE DRIVE # 117 SS, FL 33076	Title: Name: Address: City-St-Zip:	()	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	PAGANIN, OLIM RUA ANGELO M		Title: Name: Address: City-St-Zip:	PAGANIN, OLIM RUA ANGELO M	Change () Addition MPIO G VICE PR MICHELIN, 510 L, RS 95041 BR	
Title: Name:	CTO () PAGANIN, CRIS		Title: Name:	( )	Change ( ) Addition	

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.

City-St-Zip:

SIGNATURE: PAULO VALVEZAN PRES 04/30/2006