2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 24, 2005 8:00 am Secretary of State

DOCUMENT # P04000095078 1. Entity Name LASERLURE INC					03-24-2005 90044 020 ***150.00				
Principal Place	e of Business	Mailing Address		•	1				
3670 MIRIAN	I DR.	3670 MIRIAM DR.							
TITUSVILLE, FL 32780 TITUSVILLE, FL 32780									
					1 (58)(18) (1) 15	IIII BIBII BBIII BBIR BBAII		 	11 00 1 (5 1 00 1
2. Principal P	lace of Business								
2. Principal Place of Business 3. Mailing Address 13 11 N US Huv # 1 13 11 N.Us Hu				1#1		IIII HINII KNIKI NRAII BUIS			
Suite, Apt. #, etc. Suite, Apt. #, etc.			,	, , , , , , , , , , , , , , , , , , , ,	02112005	Chg-P	CR2EC	034 (10/03)	
156		City & State		4 FEI North an			ΙΔ.	plied For	
City & State	SVILLE FL	TITUSVILLE.	F	レ	4. FEI Number	- 1277	123		ot Applicable
Zip	Country	Zina	Coun		5. Certificate of	Status Desired		\$8.75 Add	ditional
327	96 BREVAND	<u> </u>		,				Fee Require	d
	6. Name and Address of Current F	Registered Agent		7. Name and Address of New Registered Agent Name					
VENUTI, LOUIS				rights					
400 ORÁN	GE ST.	Street Address (P.O. Box Number is Not Acceptable)							
TITUSVILL	.E, FL 32796								
								71.0.1	
				City			FL	Zip Cod	
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 obligati	ions of registered agent.								
SIGNATURE									
	Signature, typed or printed name of registered agent ar	nd little ii applicable. (RUTE:	⊣eg:siere	g vičeut zičusinte tednitik	o when reinstating)	•	DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0	9. Election Campaig Trust Fund Contrib			.00 May Be led to Fees				
16.	OFFICERS AND DIRECTORS 1					HANGES TO OFFI	ICERS AND	DIRECTOR	\$ IN 11
TITLE	D	☐ Delete	ŢIILL	ı	, *i			☐ Change	☐ Addition
NAME STREET ADDRESS	YOUNG, BRUCE A 3670 MIRIAM DR.		MAM	E ET ADDRESS					
CITY-ST-ZIP	TITUSVILLE, FL 32780			-ST-ZIP				-	
TITLE	_		TITL	E			····	☐ Change	☐ Addition
NAME			МАИ	E					_
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP			1	-ST-ZIP					
TITLE		☐ Defete	TITL	1				☐ Change	☐ Addition
name Street address			1	EET ADDRESS					
CITY-ST-ZIP				-ST-ZIP					
TITLE		☐ Delete	TITL	E		يده در		☐ Change	■ Addition
NAME			NAM						
STREET ADDRESS CHY-ST-ZIP		6 ₀		EET ADDRESS '- ST- ZIP					
					***			☐ Change	Addition
TITLE NAME		☐ Delete	TITL	i				Change	E HOURON
STREET ADDRESS			STR	EET ADDRESS					
CITY-ST-ZIP	:		CITY	'-ST-ZIP					
TITLE		☐ Delete	ÚΨ	i i				Change	☐ Addition
NAME CIDEET ADDOCCE	,		NAN						i
STREET ADDRESS CITY-ST-ZIP				eet address /-st-zip					
	Pertify that the information cumplied with	this filing does not qualify for			ection 119 07/3ViV	Florida Statutes	l further ce	rtify that the i	information
12. I hereby certify that the information supplied with this filing does not qualify 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 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 be 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.									