





2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90162 020 ***150.00

DOCUMENT # P04000107087 1. Entity Name LASEPRO HAIR REMOVAL, INC.					
Principal Place of Business 2110 MEADOW GLEN COVE #100 WINTER PARK, FL 32792			Mailing Address 2110 MEADOW GLEN COVE #100 WINTER PARK, FL 32792		
2. Principal Place of Business 1033 SR. 436 # Suite, Apt. #, etc.: Ste 201 City & State Casselberry FL		3. Mailing Address 1418 Lady Amy Dr. Suite, Apt. #, etc.: City & State Casselberry FL			
Zip 32767		Country USA		4. FEI Number 201434560	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent OKEY, TYLER 2110 MEADOW GLEN COVE #100 WINTER PARK, FL 32792			7. Name and Address of New Registered Agent Name Tyler Okey Street Address (P.O. Box Number is Not Acceptable) 1418 Lady Amy Dr. City Casselberry FL Zip Code 32707		
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  (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP OKEY, TYLER 2110 MEADOW GLEN COVE #100 WINTER PARK, FL 32792		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST OKEY, JAMIE 2110 MEADOW GLEN COVE #100 WINTER PARK, FL 32792		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 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.					
SIGNATURE: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date 3/30/05 Daytime Phone #					