

# **2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P04000112296

**FILED**  
**Oct 21, 2005**  
**Secretary of State**

**Entity Name:** STRAX REJUVENATION AND AESTHETICS INSTITUTE, INC.

**Current Principal Place of Business:**

4300 N UNIVERSITY DR STE A202  
LAUDERHILL, FL 33351

**New Principal Place of Business:**

**Current Mailing Address:**

4300 N UNIVERSITY DR STE A202  
LAUDERHILL, FL 33351

**New Mailing Address:**

**FEI Number:** 20-1447489

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

POTKAY, COLLEEN  
4300 N UNIVERSITY DR STE E200  
LAUDERHILL, FL 33351 US

**Name and Address of New Registered Agent:**

AUER, ALBERT  
4300 N UNIVERSITY DRIVE A-202  
LAUDERHILL, FL 33351 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: ALBERT AUER

10/21/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VS ( ) Delete  
Name: POTKAY, COLLEEN  
Address: 4300 N UNIVERSITY DR STE A202  
City-St-Zip: LAUDERHILL, FL 33351

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PT (X) Change ( ) Addition  
Name: AUER, ALBERT  
Address: 4300 N UNIVERSITY DR STE A202  
City-St-Zip: LAUDERHILL, FL 33351

Title: SC ( ) Change (X) Addition  
Name: MORGAN, STEPHANIE  
Address: 4300 N UNIVERSITY DRIVE A-202  
City-St-Zip: LAUDERHILL, FL 33351

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: ALBERT AUER

PT

10/21/2005

Electronic Signature of Signing Officer or Director

Date