2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 02, 2007 08:00 AM Secretary of State

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Entity Name
 JUVENESCENCE SKIN CARE INC.



Principal Place of Business

152 8TH AVENUE, S.W.

SUITE 1A LARGO, FL 33770 US Mailing Address

152 8TH AVENUE, S.W. SUITE 1A

LARGO, FL 33770 US



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DO NOT WRITE IN THIS SPACE

03242007 No Chg-P CR2E034 (11/05)

4 FEI Number | Applied For

4. FEI Number 20-1491364

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VIRJI, MUSARRAT 10222 THURSTON GROVES BLVD SEMINOLE, FL 33778

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	named entity submits this statement for the pions of registered agent.	urpose of changing its registere	d office or	registered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and little i	f applicable (NOTE: Registered	Agent signatu	ra required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	oing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VIRJI, MUSARRAT 10222 THURSTON GROVES BLVD SEMINOLE, FL 33778				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					000000686190 04/03/07-80035-023 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY+ST-ZIP			IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes, I further certify that the information indicated on this report or suppliemental 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)

3/28/07

727-688-9744

Daytime Phone #