


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Aug 06, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000138428 1. Entity Name SKIN GOALS INC.					
Principal Place of Business 25199 CHAMBER OF COMMERCE DRIVE UNIT 15 BONITA SPRINGS FL 34134				Mailing Address 25199 CHAMBER OF COMMERCE DRIVE UNIT 15 BONITA SPRINGS FL 34134	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 46-8013350	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FIROZ, PHYLLIS J 27229 GALLEON DRIVE BONITA SPRINGS FL 34135				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				Applied For <input type="checkbox"/> Not Applicable	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$550.00 DUE BY September 5, 2007 Make Check Payable to Florida Department of State				S 607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>	
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				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 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.	
TITLE P <input type="checkbox"/> Delete NAME FIROZ, PHYLLIS J STREET ADDRESS 27229 GALLEON DRIVE CITY-ST-ZIP BONITA SPRINGS FL 34135				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME U000000771618 STREET ADDRESS 08/07/07-800003-021 150.00 CITY-ST-ZIP	
TITLE VP <input type="checkbox"/> Delete NAME FIROZ, PERRY S STREET ADDRESS 27229 GALLEON DRIVE CITY-ST-ZIP BONITA SPRINGS FL 34135				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE TR <input type="checkbox"/> Delete NAME FIROZ, PHYLLIS J STREET ADDRESS 27229 GALLEON DRIVE CITY-ST-ZIP BONITA SPRINGS FL 34135				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	

SIGNATURE:

Phyllis J. Firoz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/1/07 947-2181
Date Daytime Phone #