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**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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| DOCUMENT # P04000141168 | |  |
| 1. Entity Name ALQUIMIA CENTRO INTEGRAL DE BELLEZA, INC. | | |
| Principal Place of Business 729 5TH STREET MIAMI BEACH, FL 33139 | | Mailing Address 729 5TH STREET MIAMI BEACH, FL 33139 |
| DO NOT WRITE IN THIS SPACE | | |
| | | 01172006 No Chg-P CR2E034 (11/05) |
| 4. FEI Number 37-1497728 | | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required |
| 6. Name and Address of Current Registered Agent | | |
| GUTIERREZ, CLARA LIA 729 5TH STREET MIAMI BEACH, FL 33139 | | DO NOT WRITE IN THIS SPACE |
| 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
| | | 05/06/06-80078-025 150.00 |
| 10. OFFICERS AND DIRECTORS | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD GUTIERREZ, CLARA LIA 729 5TH STREET MIAMI BEACH, FL 33139 | DO NOT WRITE IN THIS SPACE |
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| 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 full other, like empowered. | | |
| SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | |
| Date _____ Daytime Phone # _____ | | |