

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000018132

FILED
Jul 04, 2007
Secretary of State

Entity Name: PALM BEACH INSTITUTE OF AESTHETICS AND WELLNESS INC.

Current Principal Place of Business:

5405 OKEECHOBEE BLVD
SUITE 303-A
WEST PALM BEACH, FL 33417 US

New Principal Place of Business:

Current Mailing Address:

5405 OKEECHOBEE BLVD
SUITE 303-A
WEST PALM BEACH, FL 33417 US

New Mailing Address:

FEI Number: 20-2280008 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ADIEL, LYNDA
5405 OKEECHOBEE BLVD.
SUITE 303-A
WEST PALM BEACH, FL 33417 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ADIEL, LYNDA
Address: 5405 OKEECHOBEE BLVD. SUITE 303-A
City-St-Zip: WEST PALM BEACH, FL 33417 US

Title: VP () Delete
Name: ADIEL, LYNDA
Address: 5405 OKEECHOBEE BLVD. SUITE 303-A
City-St-Zip: WEST PALM BEACH, FL 33417 US

Title: S () Delete
Name: ADIEL, NATALIE
Address: 5405 OKEECHOBEE BLVD. SUITE 303-A
City-St-Zip: WEST PALM BEACH, FL 33417 US

Title: T () Delete
Name: ADIEL, LYNDA
Address: 5405 OKEECHOBEE BLVD. SUITE 303-A
City-St-Zip: WEST PALM BEACH, FL 33417 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: LYNDA ADIEL

P

07/04/2007

Electronic Signature of Signing Officer or Director

Date