2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2011
Secretary of State

DOCUMENT# P05000018132

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

Current Principal Place of Business:

1900 CONSULATE PLACE
SUITE 2001
WEST PALM BEACH, FL 33401 US

New Principal Place of Business:

Current Mailing Address:

1900 CONSULATE PLACE
SUITE 2001
WEST PALM BEACH, FL 33401 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

ADIEL, LYNDA
1900 CONSULATE PLACE
SUITE 2001
WEST PALM BEACH, FL 33401 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

OFFICERS AND DIRECTORS:

Title: P
Name: ADIEL, LYNDA
Address: 1900 CONSULATE PLACE - 2001
City-St-Zip: WEST PALM BEACH, FL 33401 US

Title: VP
Name: ADIEL, LYNDA
Address: 1900 CONSULATE PLACE - 2001
City-St-Zip: WEST PALM BEACH, FL 33401 US

Title: S
Name: ADIEL, NATALIE
Address: 1900 CONSULATE PLACE - 2001
City-St-Zip: WEST PALM BEACH, FL 33401 US

Title: T
Name: ADIEL, LYNDA
Address: 1900 CONSULATE PLACE - 2001
City-St-Zip: WEST PALM BEACH, FL 33401 US

I hereby 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 all other like empowered.

SIGNATURE: LYNDA ADIEL P 04/27/2011

Electronic Signature of Signing Officer or Director Date