2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 22, 2008 8:00 am Secretary of State

DOCUMENT # P05000061301 1. Entity Name ANDREA'S SKIN CARE, INC.									01-22-2008 9	90055 0	36 ***150	0.00
Principal Place	e of Busines	s	Mai	ling Address		·		-				
2273 S.W. 15 STREET 2273 S.W. 15 STREET												
155 155												
DEERFIELD E	BEACH, FL (33442 US	DE	ERFIELD BEACH, FL	33442	US			ITIBL BIEN ABNI BBNI BBN		1888 illii 88181 ill	T
Principal Place of Business - No P.O. Box #												
a. Thirtipan race of Boariess 110 1.0. Box ii									IBINI DIKI BUKI UBIH DUK	I BEILE BILL!		
Suite, Apt. #, etc.			Sı	Suite, Apt. #, etc.				01172008	Chg-P	CR2E	034 (12/06)	
City & State			C	City & State				4. FEI Numbe			→	plied For
			-						3751			t Applicable
Zip	Country		Zi	Zip Co		try	5. Certificati		of Status Desired		\$8.75 Add Fee Require	
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent						
OLIVERA ANDREA						Name						
OLIVEIRA, ANDREA 2273 S.W. 15 STREET				Street			dress (I	P.O. Box Numbe	r is Not Acceptable	9)		
# 155												
DEERFIELD BEACH, FL 33442												
						City FL Zip Code					e (
the obligat	named entit tions of regis	ty submits this statement for tered agent.	or the pu	rpose of changing its	registere	ed office or re	egister	ed agent, or bott	n, in the State of Flo	orida. Lam	i familiar with,	and accept
SIGNATURE Signature, typed or printed number of registered agent and title it applicable. (NOTE: Registered Agent signature required								when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campa Trust Fund Cont						ncing	\$5 . Add	.00 May Be ed to Fees				
10. OFFICERS AND			DIRECT	TORS	11.			ADDITIONS/	CHANGES TO OFF	ICERS AN	D DIRECTOR	S IN 11
TITLE	Р			☐ Delete	TITLE	Ε					☐ Change	Addition
NAME	1	A, ANDREA			NAM	I						
STREET ADDRESS CITY-ST-ZIP	,	/. 15 STREET # 155 ELD BEACH, FL 33442)			ET ADORESS -ST-ZIP						'
TITLE	DEERFIE	LD BEACH, 1E 33442		☐ Delete	TITLE	-					☐ Change	Addition
NAME				□ Delete	NAM	I					Change	Addition
STREET ADDRESS					STRE	ET ADDRESS						İ
CITY-ST-ZIP					CITY	-S1-ZIP						
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STREET ADDRESS						ET ADDRESS						
CITY-ST-ZIP	<u> </u>					-ST-ZIP						
TITLE				☐ Delete	1171.0						Change	☐ Addition
NAME STREET ADDRESS					NAM STRE	EET AODRESS						

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 trasper 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 sprawered.

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

SIGNATURE

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

1/16/08 9546703413

Change

Addition