

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000122663

FILED
Apr 29, 2006
Secretary of State

Entity Name: KORP ESTHETIC AND NUTRITION INSTITUTE INC

Current Principal Place of Business:

12491 NW 15 TH PLACE
APT 102
SUNRISE, FL 33323 US

New Principal Place of Business:

550 LAKESIDE CIR
SUNRISE, FL 33326 US

Current Mailing Address:

12491 NW 15 TH PLACE
APT 102
SUNRISE, FL 33323 US

New Mailing Address:

550 LAKESIDE CIR
SUNRISE, FL 33326 US

FEI Number: 20-3432889

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ISIS, ISABEL SRA
9540 NW 18 MANOR
PLANTATION, FL 33322 US

Name and Address of New Registered Agent:

CORREA, JOSE
2900 GLADES CIR.
STE. 525
FLORIDA, FL 33327 US

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: JOSE CORREA

04/29/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MICELI, ROSA MARIA SRA
Address: 12491 NW 15 TH PLACE APT 102
City-St-Zip: SUNRISE, FL 33323 FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MICELI, ROSA MARIA SRA
Address: 5050 LAKESIDE CIR
City-St-Zip: SUNRISE, FL 33326 FL

I hereby certify that the information supplied with this filing does not qualify for the 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: ROSA MICELI

P

04/29/2006

Electronic Signature of Signing Officer or Director

Date