

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000163690

**FILED**  
**Mar 11, 2011**  
**Secretary of State**

**Entity Name:** LESTHETIQUE BODY & FACE SPA, INC

**Current Principal Place of Business:**

140 NE 2ND AVENUE, SUITE #27  
DELRAY BEACH, FL 33444

**New Principal Place of Business:**

140 NE 2ND AVENUE, SUITE #27  
DELRAY BEACH, FL 33444 US

**Current Mailing Address:**

140 NE 2ND AVENUE, SUITE #27  
DELRAY BEACH, FL 33444

**New Mailing Address:**

140 NE 2ND AVENUE, SUITE #27  
DELRAY BEACH, FL 33444 US

**FEI Number:** 20-3907195

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

OLIVEIRA, MARIA D  
140 NE 2ND AVENUE, SUITE #27  
DELRAY BEACH, FL 33444 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: D  
Name: OLIVEIRA, MARIA D  
Address: 140 NE 2ND AVENUE, SUITE #27  
City-St-Zip: DELRAY BEACH, FL 33444

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: MARIA DE OLIVEIRA

D

03/11/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date