2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007
Secretary of State

DOCUMENT# P06000061573

Entity Name: ADVANCED MEDICAL AND AESTHETIC INSTITUTE, CARLOS J FINLAY, CORP.

Current Principal Place of Business:

3737 SW 8 ST - STE 101
CORAL GABLES, FL 33134

New Principal Place of Business:

3737 SW 8 ST STE 101
CORAL GABLES, FL 33134

Current Mailing Address:

3737 SW 8 ST - STE 101
CORAL GABLES, FL 33134

New Mailing Address:

3737 SW 8 ST STE 101
CORAL GABLES, FL 33134

FEI Number: 20-5689259 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CASANUEVA, MIGUEL
6039 COLLINS AVE
APT 1001
MIAMI BEACH, FL 33140 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: PD ( ) Delete
Name: CASANUEVA, MIGUEL
Address: 6039 COLLINS AVE - APT 1001
City-St-Zip: MIAMI BEACH, FL 33140

Title: VPD ( ) Delete
Name: BABANI, HENRY
Address: 7130 TROUVILLE ESPLANADE
City-St-Zip: MIAMI BEACH, FL 33141

Title: SD ( ) Delete
Name: CASANUEVA, TAMARIS
Address: 6039 COLLINS AVE - APT 1001
City-St-Zip: MIAMI BEACH, FL 33140

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: CASANUEVA, MIGUEL
Address: 6039 COLLINS AVE APT 1001
City-St-Zip: MIAMI BEACH, FL 33140

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

Title: SD (X) Change ( ) Addition
Name: CASANUEVA, DAMARIS
Address: 6039 COLLINS AVE APT 1001
City-St-Zip: MIAMI BEACH, FL 33140

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: MIGUEL CASANUEVA P 05/02/2007

Electronic Signature of Signing Officer or Director — Date