2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2007
Secretary of State

DOCUMENT# P06000114455

Entity Name: ESSENCE MEDICAL SPA ANTI-AGING AND LASER CENTER, INC.

Current Principal Place of Business:

760 PONCE DE LEON BOULEVARD, SUITE 107
CORAL GABLES, FL 33134

New Principal Place of Business:

760 PONCE DE LEON BOULEVARD
SUITE 107
CORAL GABLES, FL 33134

Current Mailing Address:

760 PONCE DE LEON BOULEVARD, SUITE 107
CORAL GABLES, FL 33134

New Mailing Address:

760 PONCE DE LEON BOULEVARD
SUITE 107
CORAL GABLES, FL 33134

FEI Number: 22-3942570 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: KEMMERER, BRIAN J
Address: 760 PONCE DE LEON BOULEVARD, SUITE 107
City-St-Zip: CORAL GABLES, FL 33134

Title: DV ( ) Delete
Name: BRACERAS, INES M M.D.
Address: 760 PONCE DE LEON BOULEVARD, SUITE 107
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: BRIAN KEMMERER DP 03/27/2007

Electronic Signature of Signing Officer or Director — Date