## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P07000020092

FILED Apr 29, 2008 Secretary of State

Entity Name: FACEMAKER SPA LOUNGE - SOUTH BEACH, CORP.

Current Principal Place of Business:		New Principal Plac	New Principal Place of Business:	
1307 18TH STRE	ET			
UNIT 1 MIAMI BEACH, FI	_ 33139			
Current Mailing	Address:		New Mailing Addre	ss:
1198 VENETIAN ' APT 112 MIAMI BEACH, FI			2828 CORAL WAY SUITE 300 MIAMI, FL 33145	
FEI Number: 20-843		Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and Addre	ss of Current Regis	tered Agent:	Name and Address	of New Registered Agent:
THE FACEMAKE	NOMEON, CONT.			
THE FACEMAKE 1198 VENETIAN ' APT 112 MIAMI BEACH, FI The above named in the State of Flo	WAY _ 33139 US I entity submits this st	atement for the p	ourpose of changing its register	red office or registered agent, or both,
1198 VENETIAN NAPT 112 MIAMI BEACH, FI The above named in the State of Flo	WAY _ 33139 US I entity submits this st rida.	·		red office or registered agent, or both,
1198 VENETIAN NAPT 112 MIAMI BEACH, FI The above named in the State of Flo	WAY _ 33139 US I entity submits this st	·		red office or registered agent, or both,  Date
1198 VENETIAN NAPT 112 MIAMI BEACH, FI The above named in the State of Flo SIGNATURE:  I	WAY _ 33139 US I entity submits this st rida.	of Registered Age		
1198 VENETIAN NAPT 112 MIAMI BEACH, FI The above named in the State of Flo SIGNATURE:  I	WAY  33139 US  I entity submits this strida.  Electronic Signature of the contract of the cont	of Registered Age	ent	
1198 VENETIAN YAPT 112 MIAMI BEACH, FI The above named in the State of Flo SIGNATURE:  Election Campaign I OFFICERS AND Title: SName: GONZ Address: 1198 N	WAY  33139 US  I entity submits this strida.  Electronic Signature of the contract of the cont	of Registered Age	ent	Date

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: JACQUELINE GONZALEZ S 04/29/2008