2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2008
Secretary of State

DOCUMENT# P07000057007

Entity Name: COSMETIC SURGERY & AESTHETIC NETWORK, INC.

Current Principal Place of Business:

4000 PONCE DE LEON BLVD SUITE 470
CORAL GABLES, FL 33146

New Principal Place of Business:

Current Mailing Address:

4000 PONCE DE LEON BLVD SUITE 470
CORAL GABLES, FL 33146

New Mailing Address:

FEI Number: 65-1305206 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MADEROS, ROBERT
4000 PONCE DE LEON BLVD SUITE 470
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

DEL REY, ALEXANDRA
4000 PONCE DE LEON BLVD SUITE 470
CORAL GABLES, FL 33146 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: ALEXANDRA DEL REY 03/06/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: TD ( ) Delete
Name: MEDEROS, ROBERT
Address: 4000 PONCE DE LEON BLVD SUITE 470
City-St-Zip: CORAL GABLES, FL 33146

Title: P VP ( ) Delete
Name: DEL REY, ALEXANDRA
Address: 4000 PONCE DE LEON BLVD SUITE 470
City-St-Zip: CORAL GABLES, FL 33146

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PV (X) Change ( ) Addition
Name: DEL REY, ALEXANDRA
Address: 4000 PONCE DE LEON BLVD SUITE 470
City-St-Zip: CORAL GABLES, FL 33146

Title: P V (X) Change ( ) Addition
Name: DEL REY, ALEXANDRA PV
Address: 4000 PONCE DE LEON BLVD SUITE 470
City-St-Zip: CORAL GABLES, FL 33146

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: ALEXANDRA DEL REY PV 03/06/2008
Electronic Signature of Signing Officer or Director Date