2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 23, 2008
Secretary of State

DOCUMENT# P07000091243

Entity Name: CLINIC AESTHETIQUE CENTRE INC.

Current Principal Place of Business:

407 LINCOLN ROAD
704
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

407 LINCOLN ROAD
704
MIAMI BEACH, FL 33139

New Mailing Address:

FEI Number: 26-0748871 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

A. ELIZABETH GOINGS P.A
2946 BIRD AVE
COCONUT GROVE, FL 33133 US

Name and Address of New Registered Agent:

BRUCE I. YEGELWEL, P.A.
2150 SW 13TH AVENUE
MIAMI, FL 33145 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: BRUCE I. YEGELWEL, P.A. 09/23/2008
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: P ( ) Delete
Name: BARBERENA, CARLOS
Address: 407 LINCOLN ROAD SUITE 704
City-St-Zip: MIAMI BEACH, FL 33139

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: QUINTERO, JACQUELINE R
Address: 407 LINCOLN ROAD SUITE 704
City-St-Zip: MIAMI BEACH, FL 33139

Title: VP ( ) Change (X) Addition
Name: BENCOMO, MARIA D
Address: 407 LINCOLN ROAD SUITE 704
City-St-Zip: MIAMI BEACH, FL 33139

Title: VP ( ) Change (X) Addition
Name: BARBERENA, CARLOS J
Address: 407 LINCOLN RD, STE#704
City-St-Zip: MIAMI BEACH, FL 33139

Title: S ( ) Change (X) Addition
Name: YEGELWEL, BRUCE I
Address: 2150 SW 13TH AVENUE
City-St-Zip: MIAMI, FL 33145

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 R. QUINTERO P 09/23/2008
Electronic Signature of Signing Officer or Director Date