## **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

## FILED May 06, 2008 8:00 am Secretary of State 05-06-2008 90035 016 \*\*\*150.00

1. Entity Name SIKMA SKIN CARE, INC.							. AME				
Principal Place of Business 133 SW 2ND AVENUE HALLANDALE BEACH, FL 33009				Mailing Address 133 SW 2ND AVENUE HALLANDALE BEACH, FL 33009		4005	40098275				
2. Principal P	lace of Busine	ess - No P.O. Box #	3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			03272008	Chg-P	CR2E034	(12/06)		
City & State			City & State			4. FEL Numb	0831720		<b>—</b>	olied For Applicable	
Zip	Country		Zip			5. Certificate of Status Desired See Required Fee Required					
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name						
MARCHENA, SILVIA V 133 SW 2ND AVENUE HALLANDALE BEACH, FL 33009					Street Address (P.O. Box Number is Not Acceptable)						
				City		<del></del> -		FL	Zip Code	)	
8. The shove named antity submits this statement for the purpose of changing its racin					<u> </u>	nistered agent, or by	oth, in the State of Fir		niliar with	and accept	
8. 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. I am familiar with, and accept the obligations of registered agent.											
SIGNATURE						quired when reinstating)	.,	DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Find Trust Fund Contribution					_	\$5.00 May Be Added to Fees					
10.	10. OFFICERS AND DIRECTORS					ADDITIONS	CHANGES TO OFF	ICERS AND E	RECTORS	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARCHENA, SILVIA V 133 SW 2ND AVENUE				LE Me Leet address Y-St-Zip				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delet	NAM STR					Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delet	NAM Str	ŧ	***************************************			Change	Addition	
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11TLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delet	NA) STR	- 1				Change	Addition	
l indicated	on this repor	e information supplied w rt or supplemental report ne received or trustee am	is true and accurate an	d that my sign:	ature shall have	the same legal effe	ect as if made under	oath: that I an	n an officer	or director	

changed, or on an attachmer