

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000111967

Entity Name: BELLA ROSA SKIN CARE, INC.

FILED
Jan 28, 2008
Secretary of State

Current Principal Place of Business:

1073 WILLA SPRINGS DRIVE STE 2009
WINTER SPRINGS, FL 32707

New Principal Place of Business:

Current Mailing Address:

1073 WILLA SPRINGS DRIVE STE 2009
WINTER SPRINGS, FL 32707

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HIRES, ERIC V
1099 W MORSE BLVD
WINTER PARK, FL 32789 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: D () Delete
Name: MAHAN, SEAN M M.D.
Address: 1073 WILLA SPRINGS DRIVE STE 2009
City-St-Zip: WINTER SPRINGS, FL 32707

Title: D () Delete
Name: SULLIVAN, RACHEL M.D.
Address: 357 COMMERCIAL STREET APT 823
City-St-Zip: BOSTON, MA 02109

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: MS () Change (X) Addition
Name: FLYNN, ERIN E
Address: 1073 WILLA SPRINGS DR. SUITE 2009
City-St-Zip: WINTER SPRINGS, FL 32708

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: ERIN E FLYNN

VP

01/28/2008

Electronic Signature of Signing Officer or Director

Date