

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000037490

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: L'ESSENTIEL CLINICAL AESTHETICS INC.

## Current Principal Place of Business:

6544 W. SAMPLE RD.  
CORAL SPRINGS, FL 33067

## New Principal Place of Business:

## Current Mailing Address:

6544 W. SAMPLE RD.  
CORAL SPRINGS, FL 33067

## New Mailing Address:

FEI Number: 26-3185254

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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: DPS ( ) Delete  
Name: STORFER, ELIDA C  
Address: 6544 W. SAMPLE RD.  
City-St-Zip: CORAL SPRINGS, FL 33067

Title: VP ( ) Delete  
Name: NEU, VERONICA  
Address: 37 VIA FLORESTA DRIVE  
City-St-Zip: BOCA RATON, FL 33487

Title: S ( ) Delete  
Name: ROSS, RENA  
Address: 6800 N.W. 2ND AVENUE #238  
City-St-Zip: BOCA RATON, FL 33487

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: ELIDA C STORFER

DPS

04/29/2009

Electronic Signature of Signing Officer or Director

Date