

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000072472

FILED  
Apr 01, 2010  
Secretary of State

**Entity Name:** GENERATIONS SKIN THERAPY, INC.

**Current Principal Place of Business:**

3226 RIVIERA DR.  
CORAL GABLES, FL 33134 US

**New Principal Place of Business:**

2506 PONCE DE LEON BLVD  
CORAL GABLES, FL 33134 US

**Current Mailing Address:**

3226 RIVIERA DR.  
CORAL GABLES, FL 33134 US

**New Mailing Address:**

2506 PONCE DE LEON BLVD  
CORAL GABLES, FL 33134 US

**FEI Number:** 32-0257417

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

SCHUMANN-LAMB, BARBARA  
3226 RIVIERA DR.  
CORAL GABLES, FL 33134 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: P, D  
Name: SCHUMANN-LAMB, BARBARA  
Address: 3226 RIVIERA DR  
City-St-Zip: CORAL GABLES, FL 33134 US

Title: S, T  
Name: SCHUMANN-LAMB, BARBARA  
Address: 3226 RIVIERA DR  
City-St-Zip: CORAL GABLES, FL 33134 US

I hereby 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 all other like empowered.

**SIGNATURE:** BARBARA SCHUMANN LAMB

MS

04/01/2010

Electronic Signature of Signing Officer or Director

Date