FILED Aug 11, 2003 8:00 am Secretary of State

	BUSINESS		BR/
DOCUMENT #	3		

1. Entity Name 4 & Sthetic P9400009407	Aux D'		08-11-2003 90)290 01 <i>2 ***</i> 130.00				
DO NOT WRITI	E IN THIS SP							
2. Principal Place of Business 1257 SOIANARO Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.	(8806	DO NOT WRITE IN TH	IS SPACE				
NAPLES Florida	PANES, T	=1,_,_	4. FEI Number 65-0555408	Applied For Not Applicable				
34103 Collier	34101-886	Coller	5. Certificate of Status Desired	\$8.75 Additional Fee Required				
DO NOT W IN THIS S		125	7. Name and Address of Current Registered Agent URA BLACKUTELL (P.O. Box Number is Not Acceptable) Zin Code					
		City NAT	O\E_S	n formilier with and account				
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 Signature, typed or purited name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstance)								
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State								
10. OFFICERS AN	D DIRECTORS	TITLE		୍ଲ ପ୍ର				
NAME LAURA STREET ADDRESS 1257 SOLANA	ckwell Reli 1103	NAME STREET ADDRESS CITY-ST-ZIP	,	CR2E034B (12/02)				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4103	TITLE NAME STREET ADDRESS CITY-ST-ZIP		CR2EO				
TITLE NAME STREET ADDRESSCITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY=ST=ZIP	DO NOT WRITE					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	IN THIS SPA	ACE .				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or on an attachment with an address with all other like empowered.								
SIGNATURE SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DIRECTO								

96137739 P9400094072

AESTHETIC FX, INC. A CONTRACT ART RESOURCE

August 7, 2003

Uniform Business Report Division of Corporations P. O. Box 1500 Tallahassee, Fl. 32302-1500

Ref: Renewal Notice/Fee

To Whom It May Concern:

I have enclosed the uniform business report along with the standard \$150.00 filing fee.

I apologize for the tardiness of my filing but did not receive a first, second or any type of renewal notice. I came by this information through my banker this morning.

I have enclosed my 2003 UBR reflecting my change of address and check #1994 for \$150.00 that I hope you will find acceptable without the late fees.

I appreciate your consideration.

aclivel

Cordially,

Laura Blackwell,

President

-/lb

cc: Lynn Bowdoin Professional Accountant