


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P95000024595 1. Entity Name CLINICAL AESTHETIC RESEARCH, INC.	
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Principal Place of Business 20335 BISCAYNE BLVD. SUITE L-38- AVENTURA, FL 33180 US	Mailing Address 20335 BISCAYNE BLVD. SUITE L-38 AVENTURA, FL 33180 US
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02182008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0574018	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SAFAROFF, INNA G
2101 S OCEAN DR.
APT. 1206
HOLLYWOOD, FL 33019

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000838351 03/05/08-80027-005 150:00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO SAFAROF, INNA A 2101 S OCEAN CIR. #1206 HOLLYWOOD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD GURALNIK, YULY 2017 S OCEAN DR. #208W HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SVERDLOV, DINA 1467 MARINE WAY HOLLYWOOD, FL 33019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: ISaf Inna SAFAROFF CEO 2/18/08 305-9313443
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #