


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 01, 2007 08:00 AM
Secretary of State

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| DOCUMENT # P95000061953 |  |
| 1. Entity Name SKIN CARE RESEARCH, INC. | |

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|--|--|
| Principal Place of Business 1915 S.W. 10TH ST BOCA RATON, FL 33486 | Mailing Address 1915 S.W. 10TH ST BOCA RATON, FL 33486 |
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DO NOT WRITE IN THIS SPACE



01282007 No Chg-P CR2E034 (11/05)

| | |
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| 4. FEI Number 65-0578698 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

BOLTON, DASKAL LLP
2401 NW BOCA RATON BLVD
BOCA RATON, FL 33431

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD RENDON, MARTA 1915 S.W. 10TH ST BOCA RATON, FL 33486 |
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02/07/07-80009-019 150.00

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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:  12/30/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone