2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 06, 2006 08:00 AM Secretary of State DOCUMENT # P96000061704 1. Entity Name EUROPEAN SKIN CARE BY MIRIAM, INC. Principal Place of Business Mailing Address 398 W. CAMINO GARDENS 398 W. CAMINO GARDENS **BOCA RATON FL 33432 BOCA RATON FL 33432** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 65-0690533 Not Applicab Country Ζıp Zo Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SULFARO, MIRIAM Street Address (P.O. Box Number is Not Acceptable) 4180 N.W. 7TH COURT DELRAY BEACH FL 33445 City Zia Code 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, typed or pented name of registered agent and line if applicable (NOTE Registered Agent signature required when resistainly) OATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE מו ☐ Delete 33745 ☐ Change Addition: NAME SULFARO, MIRIAM MAAA STREET ADDRESS 4180 N.W. 7TH COURT STREET ADDRESS CHY-SI-IP DELRAY BEACH FL 33445 CITY-S7-78 TITLE ☐ Defete TITLE ☐ Change Addition MARKE HAME JJ000<mark>00494864</mark> /2<mark>0/06-80</mark>060-STREET ADDRESS STREET ADDRESS -025 150.00 CITY-ST-292 CHY-ST-ZIP mu Dalete uar Change Addition MAKE MANAG STREET ADDRESS STREET ADDRESS City-St-Zip CITY-ST-ZIP MLE ☐ Defete Channe ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-70P TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ACCIPESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP TITLE Delete TiTLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CATY-ST-ZIE CUY-SI-BP 12. I hereby certify that the information supplied with this bling does not qualify for the exemptions contained in Section 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.

FILED