2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2012
Secretary of State

DOCUMENT# P97000037672

Entity Name: ECTODERMA, INC.

Current Principal Place of Business:

227 MICHIGAN AVENUE
404
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

227 MICHIGAN AVENUE
404
MIAMI BEACH, FL 33139

New Mailing Address:

FEI Number: 65-0748205 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROSS, CHARLES ALAN
12864 BISCAYNE BLVD #372
NORTH MIAMI, FL 33181 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

OFFICERS AND DIRECTORS:

Title: PD
Name: DEWANDRE, RAPHAEL
Address: 227 MICHIGAN AVE # 404
City-St-Zip: MIAMI BEACH, FL 33139

Title: VP
Name: DEWANDRE, LUC
Address: 227 MICHIGAN AVENUE # 404
City-St-Zip: MIAMI BEACH, FL 33139

Title: TR
Name: EL HASSAN, ENNAHOU
Address: 3707 TOLEDO STREET
City-St-Zip: CORAL GABLES, FL 33134

Title: S
Name: EL HASSAN, ENNAHOU
Address: 3707 TOLEDO STREET
City-St-Zip: CORAL GABLES, FL 33134

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: RAPHAEL DEWANDRE PD 01/06/2012
Electronic Signature of Signing Officer or Director Date