

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000048891

Entity Name: MAES SKIN CARE, INC.

FILED
Apr 23, 2007
Secretary of State

Current Principal Place of Business:

8501 GRAND CANAL DRIVE
MIAMI, FL 33144

New Principal Place of Business:

Current Mailing Address:

7876 W 5TH AVE
UNIT 301
MIAMI, FL 33193

New Mailing Address:

FEI Number: 65-0839998

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ESTRADA, MARIA
8501 GRAND CANAL DR
MIAMI, FL 33144 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: RAMIREZ, MONICA
Address: 7871 SW 152 AVE UNIT 301
City-St-Zip: MIAMI, FL 33193

Title: SD () Delete
Name: ESTRADA, MARIA D
Address: 7871 SW 152 AVENUE UNIT 1301
City-St-Zip: MIAMI, FL 33193

Title: T () Delete
Name: RAMIREZ, ANDREW
Address: 7871 SW 152 AVENUE UNIT 301
City-St-Zip: MIAMI, FL 33193

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: RAMIREZ, MONICA
Address: 7871 SW 152 AVE UNIT 301
City-St-Zip: MIAMI, FL 33193

Title: PD (X) Change () Addition
Name: ESTRADA, MARIA D
Address: 7871 SW 152 AVENUE UNIT 1301
City-St-Zip: MIAMI, FL 33193

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MARIA ESTRADA

PD

04/23/2007

Electronic Signature of Signing Officer or Director

_____ Date