


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 31, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000050408 1. Entity Name SKIN RX CLINIC CORP.	
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Principal Place of Business 133 AVILA WAY JUPITER, FL 33458 US	Mailing Address 133 AVILA WAY JUPITER, FL 33458
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DO NOT WRITE IN THIS SPACE



07242006 No Chg-P CR2E034 (11/05)

4. FEI Number 06-0422471	<input type="checkbox"/> Applied For <input checked="" 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

HOGAN, ROBERT J
 133 AVILA WAY
 JUPITER, FL 33458

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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 _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	P	HOGAN, ROBERT J
NAME		
STREET ADDRESS		133 AVILA WAY
CITY-ST-ZIP		JUPITER, FL 33458
TITLE	S	HOGAN, JULIE E
NAME		
STREET ADDRESS		5500 MILITARY TRAIL SUITE 22 #179
CITY-ST-ZIP		JUPITER, FL 33458
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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08/01/06-80006-022 550.00

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 persons empowered.

SIGNATURE: Robert Hogan Date: 7/24/6 Daytime Phone #: 828-681-8041
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR