


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2004 8:00 am
Secretary of State

03-26-2004 90012 026 ***150.00

DOCUMENT # P98000054406	
1. Entity Name AESTHETIC SPECIALISTS, INC.	

Principal Place of Business 1402 STALLION ROAD LOXAHATCHEE, FL 33470	Mailing Address 1402 STALLION ROAD LOXAHATCHEE, FL 33470
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54022725

2. Principal Place of Business 15855 Meadow Wood Dr Suite, Apt. #, etc.	3. Mailing Address 15855 Meadow Wood Dr Suite, Apt. #, etc.
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City & State Wellington, Fl 33414	City & State Wellington, Fl 33414
Zip 33414	Country
Zip 33414	Country

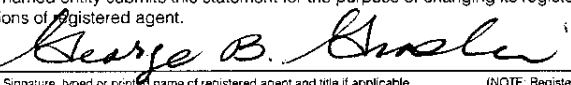


03012004 Chg-P CR2E034 (10/03)

4. FEI Number 59-2826874	Applied For Not Applicable
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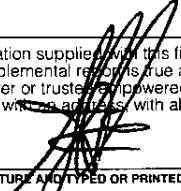
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GROSHEIM, GEORGE B 1402 STALLION ROAD LOXAHATCHEE, FL 33470	7. Name and Address of New Registered Agent Name George B. Grosheim Street Address (P.O. Box Number is Not Acceptable) 1210 S.E. 5th St. Deerfield Beach, Florida 33441 City FL Zip Code 33441
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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 	DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD NAME PIEL, GREGORY G STREET ADDRESS 1402 STALLION ROAD CITY-ST-ZIP LOXAHATCHEE, FL 33470	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 15855 Meadow Wood Dr., CITY-ST-ZIP Wellington, Fl 33414	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE STD NAME PIEL, LAURIE STREET ADDRESS 1402 STALLION ROAD CITY-ST-ZIP LOXAHATCHEE, FL 33470	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 15855 MEADOW Wood Dr. CITY-ST-ZIP Wellington, Fl 33414	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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:  Gregory G Piel	Date 3/23/04 Daytime Phone #