

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000083352

**Entity Name:** BEAUTE' THERAPIES, INC.

**FILED**  
**Feb 21, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

2511 B. S. DIXIE HIGHWAY  
WEST PALM BEACH, FL 33401

**New Principal Place of Business:**

**Current Mailing Address:**

14 HARBOR DR  
LAKE WORTH, FL 33460

**New Mailing Address:**

**FEI Number:** 65-0866125

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SUSAN, MACPHERSON  
14 HARBOR DRIVE  
LAKE WORTH, FL 33460 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: DPST  
Name: MAC PHERSON, SUSAN C  
Address: 14 HARBOR DR  
City-St-Zip: LAKE WORTH, FL 33460

Title: VP  
Name: DISCHINO, COSMO  
Address: 14 HARBOR DRIVE  
City-St-Zip: LAKE WORTH, FL 33460

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: SUSAN C MACPHERSON

DPST

02/21/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date