2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 28, 2005 8:00 am Secretary of State

DOCUI 1. Entity Nam SKIN SOL	ne .	# P98000104 vc.			03-28-2005 9	0047 0	07 ***150).00		
Principal Place of Business 8220 S.W. 52 AVE. MIAMI, FL 33143			Mailing Address 8220 S.W. 52 AVE. MIAMI, FL 33143							
2. Principal Place of Business			3. Mailing Address) 60 ;
Suite, Apt. #, etc.			Suite, Apt. #, etc.			03142005	Chg-P	CR2E	034 (10/03)	
City & State			City & State			4. FEI Numb			 	plied For t Applicable
Zip	Zip Country		Zip Count		try	5. Certificate of Status Desired			\$8.75 Additional Fee Required	
	6. Name	and Address of Current I				7. Name and Address of New Registered Agent				
					Name					
COLSKY, A 8220 S.W. MIAMI, FL	52 AVE.		Street Add		Street Address (I	P.O. Box Numb	er is Not Acceptable)	j		
i					City			Fl	Zip Code	э
					L		T		- '	
 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	Signature, lyped	or printed name of registered agent a	d Agent signature required	I when reinstating)		DATE		 [
·					* .					
FIL After M	E NOW!!! ay 1, 200	FEE IS \$150.00 5 Fee will be \$550.0	9. Election Campai Trust Fund Cont			.00 May Be led to Fees				
10.		OFFICERS AND	DIRECTORS	11.		ADDITIONS	/CHANGES TO OFFIC	CERS AN	D DIRECTORS	S IN 11
TITLE	D	ADTIUD	Delete	TITL					Change	☐ Addition
NAME STREET ADDRESS	1	, ARTHUR /. 52 AVE.			ET ADDRESS					
CITY-ST-ZIP	MIAMI, FI				-ST-ZIP					
TITLE		.	☐ Delete	1111	E				☐ Change	Addition
NAME				NAM						
STREET ADDRESS					ET ADDRESS					
CITY-ST-ZIP	ļ		<u></u>	→	-ST-ZIP				Charge	T Addition
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NAME			□ betele	NAM					onenge	
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TITLE			☐ Delete	TITLE					Change	Addition
NAME ,"	' '			NAM						
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS -ST-ZIP					
	Lertify that the control on this reportation or t	e information supplied with irt or supplemental report is he received trustee emoc	this filing does not qualify for true and accurate and that report			ection 119.07(3) same legal effe 7. Florida Statut	(i), Florida Statutes. I ct as if made under o	further ce ath; that I appears	ertify that the ir am an officer in Block 10 or	nformation or director Block 11 if
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 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 allyother like empowered.										