FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State
05-01-2002 91527 008 ***150.00

DOCUMENT #: P99000047338

1. Entity Name
Annabell Skin Care, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
2314 E Gore St		P.O. Box 721633	
Suite, Apt #, etc. Apt A		Suite, Apt #, etc.	
City & State Orlando, FL		City & State Orlando, FL	
Zip 32806	Country	Zip 32872	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3578316 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. **Name and Address of Current Registered Agent**
Name Ana I Rodriguez
Street Address (P.O. Box Number is Not Acceptable) 2314 E Gore St Apt A
City Orlando FL Zip Code 32806

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.

SIGNATURE [signature]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	President	TITLE	
NAME	Ana I. Rodriguez	NAME	
STREET ADDRESS	2314 E Gore St Apt. A	STREET ADDRESS	
CITY-ST-ZIP	Orlando, FL 32806	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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DO NOT WRITE IN THIS SPACE

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4/19/02 (407) 895-3988
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034R (12/01)