2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000062592

FILED Mar 11, 2005 Secretary of State

Entity Name: THE LASERWORKS HAIR REMOVAL CENTER, INC.

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
	OMMERCIAL B	LVD.		
STE 1 FORT LAI	JDERDALE, FL	33308		
Current Mailing Address:		New Mailing Address	New Mailing Address:	
	OMMERCIAL B	LVD.		
STE 1 FORT LAI	JDERDALE, FL	33308		
El Number	: 65-0940994	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:		Name and Address o	Name and Address of New Registered Agent:	
	REGISTERED			
1940 HAR HOLLYW(The above n the Stat	RISON STREE DOD, FL 33020 e named entity s e of Florida.	T #203 US	ourpose of changing its registered	d office or registered agent, or both,
1940 HAR HOLLYW The above	RISON STREE DOD, FL 33020 e named entity s e of Florida. RE:	T #203 US ubmits this statement for the p		d office or registered agent, or both,
1940 HAR HOLLYWO The above n the Stat BIGNATU	RISON STREE DOD, FL 33020 e named entity s e of Florida. RE: Electron	T #203 US		
1940 HAR HOLLYWO The above n the Stat BIGNATU Election Ca	RISON STREE DOD, FL 33020 e named entity s e of Florida. RE: Electron	T #203 US ubmits this statement for the place of Registered Agrangement Fund Contribution ().	ent	
1940 HAR HOLLYWO The above n the Stat BIGNATU Election Ca	e named entity se of Florida. RE: Electron mpaign Financing S AND DIRECTORD	T #203 US ubmits this statement for the place of Registered Age Trust Fund Contribution (). FORS: Delete JARD AVE	ent	Date

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: LEONARD M. ZUZCHIK D 03/11/2005