

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000076286

FILED
Jan 16, 2007
Secretary of State

Entity Name: ADVANCED AESTHETIC CENTER FOR ORAL & MAXILLOFACIAL SURGERY, INC.

Current Principal Place of Business:

2239 N COMMERCE PKWY
STE 2
WESTON, FL 33326

New Principal Place of Business:

Current Mailing Address:

2239 N COMMERCE PKWY
STE 2
WESTON, FL 33326

New Mailing Address:

FEI Number: 59-3599071

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURNS, PAM EA
6970 TAFT STREET
HOLLYWOOD, FL 33024 US

Name and Address of New Registered Agent:

BURNS, PAM EA, CPA
6970 TAFT STREET
HOLLYWOOD, FL 33024 US

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: PAM BURNS

01/16/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVD () Delete
Name: DIAZ, MARCOS
Address: 2239 N COMMERCE PKWY STE 2
City-St-Zip: WESTON, FL 33326

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVD (X) Change () Addition
Name: DIAZ, MARCOS DDS
Address: 2239 N COMMERCE PKWY STE 2
City-St-Zip: WESTON, FL 33326

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: MARCOS DIAZ

PVD

01/16/2007

Electronic Signature of Signing Officer or Director

Date