

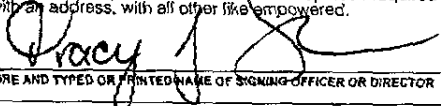


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000084842			
1. Entity Name ESTETIQUE INC. USA			
Principal Place of Business 3837 COMMERCE PARKWAY MIRAMAR, FL 33025		Mailing Address 3837 COMMERCE PARKWAY MIRAMAR, FL 33025	
DO NOT WRITE IN THIS SPACE			
		 03312008 No Chg-P CR2E034 (11/05)	
		4. FEI Number 65-0949718	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent SEGBRE, TRACY J 3837 COMMERCE PARKWAY MIRAMAR, FL 33025		DO NOT WRITE IN THIS SPACE	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
		U00000493009 04/19/06-80086-022 150.00	
10. OFFICERS AND DIRECTORS			
TITLE	VP		
NAME	SEGBRE, TRACY J		
STREET ADDRESS	3837 COMMERCE PARKWAY		
CITY- ST- ZIP	MIRAMAR, FL 33025		
TITLE	P		
NAME	SEGBRE, MOSHE		
STREET ADDRESS	3837 COMMERCE PARKWAY		
CITY- ST- ZIP	MIRAMAR, FL 33025		
TITLE			
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
DO NOT WRITE IN THIS SPACE			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 all other like empowered.			
SIGNATURE: 		Tracy Segebre 3/31/06 954442 6595	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	