FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 02, 2002 8:00 am Secretary of State

1. Entity Name 799000101846 Ae Sthetic Restoration, Inc. DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 5025 W. Waters ave. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite D City & State City & State City & State Applied For	UNIFORM BUSINESS REPORT (UBR)					May 02, 2002 6.00 an
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Tampa FL 330-34 Country S 330-34 Country S 59-350112-TT Nat Applicable S 58.75 Additional Peris Required To Name and Address of Current Registered Agent Name Cabrera, Santiago 10. Eleaction Campain Flurancing Name Cabrera, Santiago A. Name Cabrera, Santiago A. Name Cabrera, Santiago A. Name Cabrera, Santiago A. Name Sinter Address Name Name Name Name N	Suite D suite D				DO NOT WRITE IN THIS SPACE	
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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 type Signatur					Address (F	P.O. Box Number is Not Acceptable)
8. The above named entity submits this statement for the purpose of changing its registered algent, or both, in the State of Florida. SIGNATURE 9. This corporation is eligible to satisfy its intangible Taxiffliag requirement and elects to do so. (See criteria on back) OFFICERS AND DIRECTORS TILE NAME STRET ADDRESS CITY-ST-2P TITLE NAME STRET ADDRESS CITY-ST-2P STRET ADDRESS CITY-ST-2P TITLE NAME STRET ADDRESS CITY-ST-2P STRET ADDRESS CITY-ST-2P STRET ADDRESS STR		IN THIS SPA	ACE	Sı	ūte	D.
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Signature, Speed or princed name of registered against and use if applicable. (NOTE: Registered Agent segnature required whom items to segnature required whom items to segnate and use if applicable. (NOTE: Registered Agent segnature required whom items to segnate and use if applicable. (NOTE: Registered Agent segnature required whom items to segnate and use if applicable. (NOTE: Registered Agent segnature required whom items to segnate and use if applicable. (NOTE: Registered Agent segnature required whom items to segnate and use if applicable. (NOTE: Registered Agent segnature required whom items to segnate and use if applicable. (NOTE: Registered Agent segnature required whom items to segnature.) 3. The segnature of the segnature of State and the segnature of Stat	8. The above	e named entity submits this statement for	the purpose of changing its	registered office	or registere	red agent, or both, in the State of Fiorida.
Taxifiling requirement and elects to do so. (See criteria on back) 11.	SIGNATURE	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE	: Registered Agent sign	nature required	5 when reinstating) DATE
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/19/02 (8/3) 8-6/97 Date Dark