

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 04, 2008 08:00 AM
Secretary of State

DOCUMENT # V14992 1. Entity Name DOCTOR SEDUCTION, INC.	
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Principal Place of Business 15600 NE 6 AVE #38A N. MIAMI BEACH, FL 33162	Mailing Address P.O. BOX 612590 NO MIAMI, FL 33261-2590 US
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DO NOT WRITE IN THIS SPACE



03062007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0315733	Applied For Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CIRILLO, GIUSEPPE 15600 NE 6 AVE #38 A N MIAMI BEACH, FL 33162
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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. I am familiar with, and accept the obligations of registered agent.

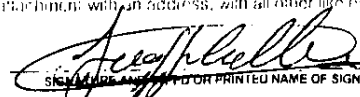
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees	U00000847342 03/19/08-80016-013 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CIRILLO, GIUSEPPE 15600 NE 6 AVE #38 A N MIAMI BEACH, FL 33162
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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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	2-28-08	305-9667806
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