

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000088374

**Entity Name:** SKINERGISTICS, INC.

**Current Principal Place of Business:**

1900 CLIFFORD ST. APT. 507  
FORT MYERS, FL 33901

**Current Mailing Address:**

P O BOX 1480  
FORT MYERS, FL 33902

**FEI Number: 45-3565848**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

JOSEPH, MELINDA  
1900 CLIFFORD ST. APT. 507  
FORT MYERS, FL 33901 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title P  
Name JOSEPH, MELINDA  
Address 1900 CLIFFORD ST. APT. 507  
City-State-Zip: FORT MYERS FL 33901

*I hereby 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 all other like empowered.*

**SIGNATURE: MELINDA JOSEPH**

**PRESIDENT**

**02/06/2013**

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date