

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000006924

FILED  
Jan 05, 2009  
Secretary of State

Entity Name: COSMETICS OF FRANCE, INC.

## Current Principal Place of Business:

100 NORTH BISCAYNE BLVD  
STE 2400  
MIAMI, FL 33132

## New Principal Place of Business:

## Current Mailing Address:

19 EAST 57TH ST.  
LEGAL-5TH FLOOR  
NEW YORK, NY 10022 US

## New Mailing Address:

FEI Number: 13-3531601      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

## Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: LARROQUE, PAULA  
Address: 100 NORTH BISCAYNE BLVD.  
City-St-Zip: MIAMI, FL 33132

Title: D ( ) Delete  
Name: MARTINEZ, CLAUDE  
Address: 33 AVENUE HOCHÉ  
City-St-Zip: PARIS FRANCE, 75008

Title: D ( ) Delete  
Name: INGRAM, BRUCE G  
Address: 19 EAST 57TH STREET  
City-St-Zip: NEW YORK, NY 10022

Title: S ( ) Delete  
Name: FIRESTONE, LOUISE  
Address: 19 EAST 57TH STREET  
City-St-Zip: NEW YORK, NY 10022

Title: C ( ) Delete  
Name: COLINO, PAULO F  
Address: 100 NORTH BISCAYNE BLVD.  
City-St-Zip: MIAMI, FL 33132

Title: VP ( ) Delete  
Name: JOHNSON, MAUREEN  
Address: 19 EAST 57TH STREET  
City-St-Zip: NEW YORK, NY 10022

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: DUTREIL, RENAUD  
Address: 19 EAST 57TH STREET  
City-St-Zip: NEW YORK, NY 10022

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: LOUISE FIRESTONE

S

01/05/2009

Electronic Signature of Signing Officer or Director

Date