

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M99000001440

FILED
Jan 10, 2007
Secretary of State

Entity Name: BENEFIT COSMETICS LLC

Current Principal Place of Business:

685 MARKET ST. 7TH FLOOR
SAN FRANCISCO, CA 94105

New Principal Place of Business:

Current Mailing Address:

ATTN: LAURA ENDS, COO
685 MARKET ST 7TH FL
SAN FRANCISCO, CA 94105

New Mailing Address:

ATTN: FRANCOIS DARRICAU
685 MARKET ST 7TH FL
SAN FRANCISCO, CA 94105

FEI Number: 94-3339302

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BELLONI, ANTHONIO
Address: 19 E 57TH ST
City-St-Zip: NEW YORK, NY 10022

Title: MGR () Delete
Name: INGRAM, BRUCE
Address: 19 E 57TH ST
City-St-Zip: NEW YORK, NY 10022

Title: MGR () Delete
Name: DUSSEAU, HUGUES
Address: 19 EAST 57TH STREET
City-St-Zip: NEW YORK, NY 10022

Title: MGR () Delete
Name: FORD, JEAN
Address: 685 MARKET ST. 7TH FLOOR
City-St-Zip: SAN FRANCISCO, CA 94105

Title: MGR () Delete
Name: FORD, JANE
Address: 685 MARKET ST. 7TH FLOOR
City-St-Zip: SAN FRANCISCO, CA 94105

Title: MGR () Delete
Name: FORD, LEE
Address: 685 MARKET ST. 7TH FLOOR
City-St-Zip: SAN FRANCISCO, CA 94105

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BELLONI, ANTONIO
Address: 19 E 57TH ST
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:

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 for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: HUGUES DUSSEAU

MGR

01/10/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date