


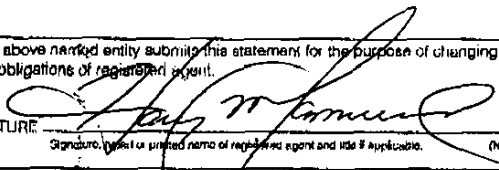
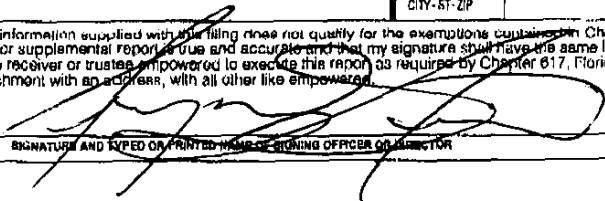
FROM : SAMUELS ACCOUNTING SERVICE

FAX NO. : 954-966-1390

**FILED**  
**May 08, 2007 8:00 am**  
**Secretary of State**

05-08-2007 90006 011 \*\*\*\*61.25

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # N06000003126</b>			
1. Entity Name <b>SOCIETY OF COSMETIC CHEMISTS-FLORIDA CHAPTER INC.</b>			
Principal Place of Business 1059 SW 14TH STREET BOCA RATON, FL 33486		Mailing Address 1059 SW 14TH STREET BOCA RATON, FL 33486	
2. Principal Place of Business - No P.O. Box # <b>2500 NE 135TH STREET</b>		3. Mailing Address <b>617 N. LUCIA</b>	
Suite, Apt. #, etc. <b>507</b>		Suite, Apt. #, etc. <b>2</b>	
City & State <b>MIAMI, FL</b>		City & State <b>REDONDO BEACH, CA</b>	
Zip <b>33181</b>	Country	Zip <b>90277</b>	Country
4. FEI Number <b>59-2540784</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>SAMUELS, HARRY M 2901 STIRLING ROAD SUITE 307 FT LAUDERDALE, FL 33312</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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: 		DATE: <b>4/30/07</b>	
Piling Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DEHR ASHOOR, SAAD 2500 NE 135TH ST #507 MIAMI, FL 33181</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CHRD ROSS, JAMIE S ELECT 1410 CANARY ISLAND DRIVE WESTON, FL 33327</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CHR-ELECT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SDRD GERLACH, CHRIS D 1304 OAKLANDING LANE ORANGE PARK, FL 32003</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D S</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD NORMAN, GREGORY 1059 SW 14TH STREET BOCA RATON, FL 33486</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT 617 N LUCIA - SUITE 2 REDONDO BEACH, CA 90277</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 617, 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: 		DATE: <b>4/30/07</b> (310) 355-8282	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

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