


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 30, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000030169**

1. Entity Name  
**SOHO COSMETICS, INC.**



Principal Place of Business  
**761 VIA GENOVA  
DEERFIELD BEACH, FL 33422**

Mailing Address  
**26 GIROUARD  
DORVAL, PQ, H9S 3P9 CA**

**DO NOT WRITE IN THIS SPACE**



08192004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**27-0022777**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LEFF, ROBERT B  
6741 W. SUNRISE BLVD  
SUITE # 8  
PLANTATION, FL 33313**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HUBERT, ANNIE
STREET ADDRESS	26 GIROUARD
CITY-ST-ZIP	DORVAL QUEBEC H9S 3P9, CA
TITLE	VP
NAME	GARRAND, JEAN-PIERRE
STREET ADDRESS	26 GIROUARD
CITY-ST-ZIP	DORVAL QUEBEC H9S 3P9, CA
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

400000171169  
08/30/04-80007-011 550.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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:** \_\_\_\_\_ **26/0/2004** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #