


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 09, 2005 8:00 am**  
**Secretary of State**

03-09-2005 90033 047 \*\*\*150.00

**DOCUMENT # P04000018785**  
 1. Entity Name  
 PAPHIDES-CUADRAS COSMETICS, INC.



Principal Place of Business  
 RT. 12 BOX 219  
 LAKE CITY, FL 32025

Mailing Address  
 RT. 12 BOX 219  
 LAKE CITY, FL 32025



2. Principal Place of Business  
 Merle Norman Cosmetics  
 Suite, Apt. #, etc.  
 #107

3. Mailing Address  
 133 SW Bascom Norris DE.  
 Suite, Apt. #, etc.

01102005 Chg-P CR2E034 (10/03)

City & State  
 LAKE CITY FL

City & State  
 FL

Zip  
 32025

Country  
 USA

4. FEI Number  
 13-427-3236

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
 CUADRAS, MICHELE P  
 RT. 12 BOX 219  
 LAKE CITY, FL 32025

*Address*

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
 159 SE Hubble St

City  
 Lake City FL Zip Code  
 32025

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: *Michele P. Cuadras* DATE: 1-22-05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CUADRAS, MICHELE P RT. 12 BOX 219 LAKE CITY, FL 32025	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PAPHIDES, LAURA T RT 21 BOX 1502 LAKE CITY, FL 32024	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CUADRAS, CHRIS M RT. 12 BOX 219 LAKE CITY, FL 32025	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PAPHIDES, BRIAN M DDS RT 21 BOX 1502 LAKE CITY, FL 32024	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	159 SE Hubble St	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	285 SW Dragonfly Court	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	159 SE Hubble St	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	285 SW Dragonfly Court	
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"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *M. Cuadras* Date: 3/7/05 Daytime Phone #: 386 7523411

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR