


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 27, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P04000018785 1. Entity Name PAPHIDES-CUADRAS COSMETICS, INC.	
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Principal Place of Business 133 SW BASCOM NORRIS DR. # 107 LAKE CITY, FL 32025	Mailing Address 183 SW BASCOM NORRIS DR LAKE CITY, FL 32025
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03202008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 13-4273236	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CUADRAS, MICHELE P  
 246 SW MELBA GLEN  
 LAKE CITY, FL 32024

**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 reinstating)  
Signature, typed or printed name of registered agent and title if applicable DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 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 246 SW. MELBA GLEN LAKE CITY, FL 32024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PAPHIDES, LAURA T 285 SW DRAGONFLY COURT LAKE CITY, FL 32024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CUADRAS, CHRIS M 246 SW MELBA GLEN LAKE CITY, FL 32024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PAPHIDES, BRIAN M DDS 285 SW DRAGONFLY COURT LAKE CITY, FL 32024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

000000871224  
 04/09/08-80121-018 150.00

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: Michelle P Cuadras 3/25/08 386-752-3411  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #