2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000062581

Entity Name: MAKE UP BY LINC

Address:

City-St-Zip:

P O BOX 110

DEERFIELD BEACH, FL 33443110

FILED May 01, 2008 Secretary of State

Littly Na	IIIe. WARE O	F DI L'INC.				
Current P	rincipal Place	e of Business:	New Prince	New Principal Place of Business:		
	ILITARY TRAI	L				
SUITE E	LM BEACH, F	1 33/109				
			N B. A	0 .d.d		
Current IV	lailing Addre	SS:	New Maili	New Mailing Address:		
2835 N. M SUITE E	ILITARY TRAI	L				
	LM BEACH, F	L 33409				
FEI Number	: 71-0981400	FEI Number Applied For ()	FEI Number Not Appl	icable () Certifica	ate of Status Desired ()	
Name and	Address of (Current Registered Agent:	Name and	Name and Address of New Registered Agent:		
# 204	55TH BLVD	22072 110	4200 COM #1008	ROJAS, LISETTE 4200 COMMUNITY DRIVE #1008 WEST PALM BEACH, FL 33409 US		
COCONO	T CREEK, FL	33073 03	WESTPAL	IVI DEACH, FL 33409	03	
	named entity e of Florida.	submits this statement for the p	ourpose of changing i	ts registered office or re	egistered agent, or both,	
SIGNATUI	RE:			05/01/2008		
	Electro	nic Signature of Registered Ag	ent		Date	
		93(2)(b), F.S., the corporation did nog g Trust Fund Contribution ().	ot receive the prior notic	e.		
OFFICER	S AND DIREC	TORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	ROJAS, LISET P O BOX 110) Delete TE EACH, FL 33443110	Title: Name: Address: City-St-Zip:	()Change(() Addition	
Title: Name: Address: City-St-Zip:	BENJAMIN, LE P O BOX 110) Delete ANNA EACH, FL 33443110	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	BENJAMIN, LE P O BOX 110) Delete AYLE EACH, FL 33443110	Title: Name: Address: City-St-Zip:	()Change(() Addition	
Title: Name:	T (BAILEY, FAYE) Delete	Title: Name:	() Change (() Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: LISETTE ROJAS P 05/01/2008