


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # P31823
 1. Entity Name
LA PRAIRIE INSTITUT DE BEAUTE, INC.



Principal Place of Business Mailing Address
30 ETHEL ROAD **30 ETHEL ROAD**
EDISON, NJ 08817 **EDISON, NJ 08817**



01242007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
22-2361830 Not Applicable

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

6. Name and Address of Current Registered Agent
SPARKMAN, T. KENDALL
RUBIN, BAUM, LEVIN, ET AL
200 S. BISCAYNE BLVD., SUTIE 2500
MIAMI, FL 33131-2336

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) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

U00000607823
 01/31/07-80052-015 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRAPPMANN, DIRK 680 5TH AVE. NEW YORK, NY 10019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FLORIO, LYNNE 680 5TH AVE NEW YORK, NY 10019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RICHARDSON, ANNUNZIATA 680 5TH AVE NEW YORK, NY 10019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Annunziata Richardson* Date: *1/26/07* Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR