

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 21, 2005 08:00 AM
Secretary of State

DOCUMENT # F03000002512

1. Entity Name
LADY BURD EXCLUSIVE COSMETICS, INC.



Principal Place of Business
44 EXECUTIVE BLVD.
FARMINGDALE, NY 11735

Mailing Address
44 EXECUTIVE BLVD.
FARMINGDALE, NY 11735



02142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
11-2256983

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SEVERINO, ILDALICIA
291 S.E. MIZNER BLVD. #45
BOCA RATON, FL 33432

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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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

02/21/05-80031-024 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
BURD, ROBERTA
44 EXECUTIVE BLVD.
FARMINGDALE, NY 11735

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
BURD, LARRY
44 EXECUTIVE BLVD.
FARMINGDALE, NY 11735

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
BURD, ALAN
44 EXECUTIVE BLVD.
FARMINGDALE, NY 11735

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #