

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000006924

FILED
Jan 05, 2009
Secretary of State

Entity Name: COSMETICS OF FRANCE, INC.

Current Principal Place of Business:

100 NORTH BISCAYNE BLVD
STE 2400
MIAMI, FL 33132

New Principal Place of Business:

Current Mailing Address:

19 EAST 57TH ST.
LEGAL-5TH FLOOR
NEW YORK, NY 10022 US

New Mailing Address:

FEI Number: 13-3531601 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: LARROQUE, PAULA
Address: 100 NORTH BISCAYNE BLVD.
City-St-Zip: MIAMI, FL 33132

Title: D () Delete
Name: MARTINEZ, CLAUDE
Address: 33 AVENUE HOCHÉ
City-St-Zip: PARIS FRANCE, 75008

Title: D () Delete
Name: INGRAM, BRUCE G
Address: 19 EAST 57TH STREET
City-St-Zip: NEW YORK, NY 10022

Title: S () Delete
Name: FIRESTONE, LOUISE
Address: 19 EAST 57TH STREET
City-St-Zip: NEW YORK, NY 10022

Title: C () Delete
Name: COLINO, PAULO F
Address: 100 NORTH BISCAYNE BLVD.
City-St-Zip: MIAMI, FL 33132

Title: VP () Delete
Name: JOHNSON, MAUREEN
Address: 19 EAST 57TH STREET
City-St-Zip: NEW YORK, NY 10022

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: DUTREIL, RENAUD
Address: 19 EAST 57TH STREET
City-St-Zip: NEW YORK, NY 10022

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: LOUISE FIRESTONE

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01/05/2009

Electronic Signature of Signing Officer or Director

_____ Date