

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F03000002512

**FILED**  
**Feb 07, 2012**  
**Secretary of State**

**Entity Name:** LADY BURD EXCLUSIVE COSMETICS, INC.

**Current Principal Place of Business:**

44 EXECUTIVE BLVD.  
FARMINGDALE, NY 11735

**New Principal Place of Business:**

**Current Mailing Address:**

44 EXECUTIVE BLVD.  
FARMINGDALE, NY 11735

**New Mailing Address:**

**FEI Number:** 11-2256983

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CELESTE, URENA  
2605W ATLANTIC AVE  
CORAL TRACE OFF BLDG C  
DELRAY BEACH, FL 33445 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

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** BURD, ROBERTA  
**Address:** 44 EXECUTIVE BLVD.  
**City-St-Zip:** FARMINGDALE, NY 11735

**Title:** V  
**Name:** BURD, LAWRENCE  
**Address:** 44 EXECUTIVE BLVD.  
**City-St-Zip:** FARMINGDALE, NY 11735

**Title:** V  
**Name:** BURD, ALAN  
**Address:** 44 EXECUTIVE BLVD.  
**City-St-Zip:** FARMINGDALE, NY 11735

I hereby 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 all other like empowered.

**SIGNATURE:** LAWRENCE BURD

V

02/07/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date