

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000062581

**Entity Name:** MAKE UP BY L INC.

**Current Principal Place of Business:**

100 SANSBURY WAY  
C/O PHENIX SALON SUITES SUITE114  
WEST PALM BEACH, FL 33411

**Current Mailing Address:**

100 SANSBURY WAY STE 102  
C/O PHENIX SALON SUITES STE 114  
WEST PALM BEACH, FL 33411 US

**FEI Number:** 71-0981400

**Certificate of Status Desired:** No

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

ROJAS, LISETTE  
100 SANSBURY WAY  
C/O PHENIX SALON SUITES STE 101  
WEST PALM BEACH, FL 33411 US

*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

**Officer/Director Detail :**

Title P  
Name ROJAS, LISETTE  
Address 100 SANSBURY WAY STE 102  
C/O PHENIX SALON SUITES STE 114  
City-State-Zip: WEST PALM BEACH FL 33411

Title VP  
Name BENJAMIN, LEANNA  
Address 100 SANSBURY WAY STE 102  
C/O PHENIX SALON SUITES STE 114  
City-State-Zip: WEST PALM BEACH FL 33411

Title S  
Name BENJAMIN, LEAYLE  
Address 100 SANSBURY WAY STE 102  
C/O PHENIX SALON SUITES STE 114  
City-State-Zip: WEST PALM BEACH FL 33411

Title T  
Name BAILEY, FAYE  
Address 100 SANSBURY WAY STE 102  
C/O PHENIX SALON SUITES STE 114  
City-State-Zip: WEST PALM BEACH FL 33411

*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:** LISETTE ROJAS

**PRESIDENT**

**04/30/2015**

Electronic Signature of Signing Officer/Director Detail

Date