

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000002706

**Entity Name:** BAR COSMETICS INC

**Current Principal Place of Business:**

2900 W SAMPLE RD  
POMPANO BEACH, FL 33073

**Current Mailing Address:**

1790 S STATE RD 7 UNIT 303  
NORTH LAUDERDALE , FL 33068 US

**FEI Number:** 46-4497699

**Certificate of Status Desired:** No

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

CRUISE, BAR  
1790 S STATE RD 7 UNIT 303  
NORTH LAUDERDALE , FL 33068 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            CRUISE, BAR  
Address        1790 S STATE RD 7 UNIT 303  
City-State-Zip: NORTH LAUDERDALE FL 33068

Title            VP  
Name            CRUISE , RAFAEL ANTONIO  
Address        1790 S STATE RD 7 UNIT 303  
City-State-Zip: NORTH LAUDERDALE FL 33068

*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:** BAR CRUISE

**OWNER**

**04/06/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date