

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000006924

Entity Name: COSMETICS OF FRANCE, INC.**Current Principal Place of Business:**100 NORTH BISCAYNE BLVD
STE 2400
MIAMI, FL 33132**Current Mailing Address:**19 EAST 57TH ST.
LEGAL-5TH FLOOR
NEW YORK, NY 10022 US**FEI Number:** 13-3531601**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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	DP
Name	GOULART GONCALVES, ALBERTO LUIS
Address	100 NORTH BISCAYNE BLVD., STE 2400
City-State-Zip:	MIAMI FL 33132
Title	S
Name	FIRESTONE, LOUISE
Address	19 EAST 57TH STREET
City-State-Zip:	NEW YORK NY 10022

Title	D
Name	MARTINEZ, CLAUDE
Address	33 AVENUE HOCHÉ
City-State-Zip:	PARIS FRANCE 75008
Title	VP
Name	JOHNSON, MAUREEN
Address	19 EAST 57TH STREET
City-State-Zip:	NEW YORK NY 10022

Title	CFO
Name	DARRICAU, FRANCOIS
Address	100 NORTH BISCAYNE BLVD. SUITE 2400
City-State-Zip:	MIAMI FL 33132

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: LOUISE FIRESTONE**SECRETARY****01/02/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date