

**FILED**  
**Aug 31, 2007 8:00 am**  
**Secretary of State**

08-31-2007 90003 022 \*\*\*550.00

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                         |                                                                                                                                                                                                                                                |                                                       |                 |      |
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| <b>DOCUMENT # 417534</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                         |                                                                                                                                                               |                                                       | <b>40130970</b> |      |
| 1. Entity Name<br><b>COSMOPOLITAN COSMETICS, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                         |                                                                                                                                                                                                                                                |                                                       |                 |      |
| Principal Place of Business<br><b>5201 BLUE LAGOON DR<br/>SUITE 790<br/>MIAMI FL 33126<br/>US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                         | Mailing Address<br><b>P O BOX 599<br/>ATTN: TAX DIVISION<br/>CINCINNATI OH 45201<br/>US</b>                                                                                                                                                    |                                                       |                 |      |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                         | 3. Mailing Address                                                                                                                                                                                                                             |                                                       |                 |      |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                         | Suite, Apt. #, etc.                                                                                                                                                                                                                            |                                                       |                 |      |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                         | City & State                                                                                                                                                                                                                                   |                                                       |                 |      |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                         | Zip                                                                                                                                                                                                                                            |                                                       | Country         |      |
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| 4. FEI Number<br><b>59-1450018</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                         | Applied For<br><input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                                                                                                  |                                                       |                 |      |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                         |                                                                                                                                                                                                                                                |                                                       |                 |      |
| 6. Name and Address of Current Registered Agent<br><b>BRONCHICK, KENNETH C<br/>100 W CYPRESS CREEK ROAD<br/>SUITE 910<br/>FT. LAUDERDALE FL 33309</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                         | 7. Name and Address of New Registered Agent<br>Name<br><b>C T CORPORATION SYSTEMS</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>1200 SOUTH PINE ISLAND ROAD</b><br><b>PLANTATION, FL 33324</b><br>City<br><b>FL</b> Zip Code |                                                       |                 |      |
| 8. 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. I am familiar with, and accept the obligations of registered agent<br>SIGNATURE <u><i>Carol Reed, Asst. Secretary</i></u> <u>8/27/07</u>                                                                                                                                                                                                                                                                                                                                        |                         |                                                                                                                                                                                                                                                |                                                       |                 |      |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2007 Fee Will Be \$550.00<br>Make Check Payable to Florida Department of State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                                                                                                          |                                                       |                 |      |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |                                                                                                                                                                                                                                                | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                 |      |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | NAME                    | NAME                                                                                                                                                                                                                                           | NAME                                                  | NAME            | NAME |
| ROUQUETTE, THIERRY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | SCHULTNER, HEINZ J      |                                                                                                                                                                                                                                                |                                                       |                 |      |
| 1101 BRICKELL AVE, SUITE 1100-S TOWER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | VENLOER STRASSE 241-245 |                                                                                                                                                                                                                                                |                                                       |                 |      |
| MIAMI FL 33131                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | KOLN, GERMANY 50823     |                                                                                                                                                                                                                                                |                                                       |                 |      |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed or on an attachment with an address with all other like empowered |                         |                                                                                                                                                                                                                                                |                                                       |                 |      |
| SIGNATURE: <u><i>Heinz J. Schultner</i></u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                         | <b>HEINZ-J. SCHULTNER</b>                                                                                                                                                                                                                      |                                                       | <b>8-17-07</b>  |      |