2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)** 

## Mar 03, 2004 08:00 AM DOCUMENT # 549336 **Secretary of State** 1. Entity Name FLORIDA SOAP & COSMETIC CORPORATION Principal Place of Business Mailing Address 255 ALHAMBRA CIR 255 ALHAMBRA CIR SUITE 1000 CORAL GABLES FL 33134 SUITE 1000 CORAL GABLES FL 33134 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-1831707 Not Applicable Zρ Country \$8.75 Additional Zio Country 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BRUNKEN, TERESITA L Street Address (P.O. Box Number is Not Acceptable) 255 ALHAMBRA CIR STE 1000 CORAL GABLES FL 33134 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD Change ☐ Addition TITLE ☐ Delete TITLE STIEFEL, CHARLES W NAME NAME STREET ADDRESS 8400 SCHOOL HOUSE ROAD STREET ADDRESS MIAMI FL 33143 CITY-ST-ZIP CITY-ST-ZIP TD ☐ Change ☐ Addition TITLE ☐ Delete TITLE PATTULLO, MATT S NAME U00000075224 03/03/04-80049-022 **150.00** NAME 585 GLENRIDGE ROAD STREET ADDRESS STREET ADDRESS KEY BISCAYNE FL 33149 CITY-ST-ZIP CITY-ST-7/P Delete ☐ Change ☐ Addition TITLE TITLE BRUNKEN, TERESITA L NAME MAME STREET ADDRESS STREET ADDRESS 1403 OBISPO AVE CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL 33134 ☐ Change ☐ Addition TITLE ☐ Delete TOTAL NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS COTY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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

SIGNATURE: 2

CITY-ST-71P

ME OF SIGNING OFFICER OR DIRECTOR

Daytune Phone 8

FILED