2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 14, 2005 8:00 am Secretary of State

DOCUMENT # 549336 1. Entity Name FLORIDA SOAP & COSMETIC CORPORATION								04-14-2005 90088 008 ***150.00				
Principal Place of Business 255 ALHAMBRA CIR SUITE 1000 CORAL GABLES, FL 33134 US Mailing Address 255 ALHAMBRA CIR SUITE 1000 CORAL GABLES, FL 33134					134	US		f kentên ênilî d			RII EIRII EIRII GIRI	FEBI II: IBBI
2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.					01242005	Chg-P	CR2E	034 (10/03)	
City & State			City & State					4. FEI Number 59-1831				plied For t Applicable
Zip	Zip Country		Zip Co		Coun	ntry		5. Certificate o	f Status Desired		\$8.75 Add Fee Required	itional 1
	6. Name	and Address of Current	Registered .	Agent		Ness		7. Name and	Address of New	Registered	Agent	
BRUNKEN, TERESITA L 255 ALHAMBRA CIR						Name Street Address (P.O. Box Number is Not Acceptable)						
STE 1000 CORAL GA	ABLES, FI	_ 33134										
						City			•	FL	Zip Code	<u> </u>
	named entit	y submits this statement fo ered agent.	r the purpos	e of changing its	register	ed office or re	gistere	ed agent, or both	ı, in the State of F	lorida. I am	familiar with,	and accept
SIGNATURE Signature, typed or printed name of registered agent and lifte if applicable. (MOTE: Registered Agent												
1	Signature, typed							Acres described		DATE		
			ало іпте іт арріїса	ble. (NOTI	E: Registere	d Agent signature re	required r	when reinstating)		DATE		
		FEE IS \$150.00 5 Fee will be \$550.	9.	Election Campa Trust Fund Cont	ign Finai		\$5.0	00 May Be		DATE		
		FEE IS \$150.00	9.	Election Campa Trust Fund Cont	ign Finai	ncing	\$5.0	00 May Be ed to Fees	CHANGES TO OF		D DIRECTORS	3 IN 11
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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 attactment with an address, with all empowered.

CITY-ST-ZIP

SIGNATURE

CITY-ST-ZiP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

te Daytime Phone #