


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2005 8:00 am
Secretary of State

02-08-2005 90007 039 ***150.00

DOCUMENT # 822088 1. Entity Name ROUX LABORATORIES, INC.					
Principal Place of Business 5344 OVERMYER DRIVE JACKSONVILLE, FL 32205 US			Mailing Address P.O. BOX 37557 JACKSONVILLE, FL 32236 US		
2. Principal Place of Business Suite, Apt. #, etc. 			3. Mailing Address Suite, Apt. #, etc. 		
City & State 			City & State 		
Zip 		Country 		4. FEI Number 13-1537427	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P POWELL, MICHAEL <input type="checkbox"/> Delete 733 THIRD AVENUE - 10TH FLOOR NEW YORK, NY 10017		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Powell, Michael <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5344 Overmyer Dr. Jacksonville, FL 32205 US	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SCFO <input checked="" type="checkbox"/> Delete BOVA, VINCENT 733 THIRD AVENUE - 10TH FLOOR NEW YORK, NY 10017		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete MIRANDO, CAROL 5344 OVERMYER DRIVE JACKSONVILLE, FL 32205		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Mirando, Carol 540 Beautyrest Ave. Jacksonville, FL 32254	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input checked="" type="checkbox"/> Delete LIVACCARI, DOMINICK 733 THIRD AVENUE - 10TH FLOOR NEW YORK, NY 10017		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Westberry, Rannel 5344 Overmyer Dr. Jacksonville, FL 32205	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 with all other like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			2/3/05 9043784109 <small>Date Daytime Phone #</small>		

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