

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000007942

Entity Name: COSMESIS SKIN CARE, INC.

FILED
Apr 10, 2008
Secretary of State

Current Principal Place of Business:

3816 HOLLYWOOD BLVD STE 205
HOLLYWOOD, FL 33021

New Principal Place of Business:

Current Mailing Address:

3816 HOLLYWOOD BLVD STE 205
HOLLYWOOD, FL 33021

New Mailing Address:

FEI Number: 20-5560585

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOLDFADEN, ROBERT
3816 HOLLYWOOD BLVD STE 205
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPST () Delete
Name: GOLDEADEN, ROBERT
Address: 3816 HOLLYWOOD BLVD STE 205
City-St-Zip: HOLLYWOOD, FL 33021

Title: VCVF () Delete
Name: GOLDEADEN, GARY M.D.
Address: 7261 FISHER ISLAND DRIVE
City-St-Zip: MIAMI BEACH, FL 33109

Title: D (X) Delete
Name: KESSLER, ALAN
Address: 767 NTHIRD AVE
City-St-Zip: NEW YORK, NY 10017

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change () Addition
Name: GOLDFADEN, ROBERT
Address: 3816 HOLLYWOOD BLVD STE 205
City-St-Zip: HOLLYWOOD, FL 33021

Title: VCVF (X) Change () Addition
Name: GOLDFADEN, GARY M.D.
Address: 7261 FISHER ISLAND DRIVE
City-St-Zip: MIAMI BEACH, FL 33109

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ROBERT GOLDFADEN

DPST

04/10/2008

Electronic Signature of Signing Officer or Director

_____ Date