2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2009
Secretary of State

DOCUMENT# F08000003259

Entity Name: COSMEDICAL SUPPLIES OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

21485 EAST DIXIE HIGHWAY
AVENTURA, FL 33180

New Principal Place of Business:

2305 EDGEWATER DR., #1619
ORLANDO, FL 32804

Current Mailing Address:

21485 EAST DIXIE HIGHWAY
AVENTURA, FL 33180

New Mailing Address:

2305 EDGEWATER DR., #1619
ORLANDO, FL 32804

FEI Number: 26-1916202 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JEFFREY M. KOLTUN, ESQUIRE
557 NORTH WYMORE ROAD SUITE 100
MAITLAND, FL 32751 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: CP ( ) Delete
Name: DRAZEN, ROBERT
Address: 21485 EAST DIXIE HIGHWAY
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CP (X) Change ( ) Addition
Name: DRAZEN, ROBERT
Address: 2305 EDGEWATER DR., #1619
City-St-Zip: ORLANDO, FL 32804

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 DRAZEN CP 02/10/2009

Electronic Signature of Signing Officer or Director — Date