


**2004 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90025 032 ***150.00

DOCUMENT # *F11440*

1. Entity Name
LE TRES BONNE COSMETICS CORPORATION



DO NOT WRITE IN THIS SPACE

94034969

2. Principal Place of Business
3625 S.W. 8 ST.

3. Mailing Address
3625 S.W. 8 ST.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIAMI-FL.

City & State
MIAMI-FL.

Zip
33135

County
DADE

Zip
33135

County
DADE

4. FEI Number
65-0008729

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Eumelia Dueñas

Street Address (P.O. Box Number is Not Acceptable)
3625 SW 8 St.

City
Miami

FL

Zip Code
33135

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 *Eumelia Dueñas*

(NOTE: Registered Agent signature required when reinstating)

DATE *3/17/04*

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>Director, Pres. Vasil A. Angelov 3413 sw 13 Terr. Miami, FL 33145</i>
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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 on an attachment with an address, with all other like empowerment.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *3/17/04*

Daytime Phone #

CR2E034B (12/02)