

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90096 006 ***150.00

DOCUMENT # F11440

1. Entity Name
LE TRES BONNE COSMETICS CORPORATION



Principal Place of Business

**3625 SW 8TH ST
MIAMI, FL 33135 US**

Mailing Address

**2801 S.W. 27 ST.
MIAMI, FL 33133-3014 US**

50048745



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04222005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
65-0008729

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DUEÑAS, EUMELIA
3625 S.W. 8 ST.
MIAMI, FL 33135**

Name

SORAYA MURIEL

Street Address (P.O. Box Number is Not Acceptable)

999 Brickell Bay Dr #1405

City

MIAMI

FL

Zip Code
33131

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/15/05

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME ORTIZ-TOVAR, JUDITH
STREET ADDRESS 999 BRICKELL BAY DR., #1405
CITY-ST-ZIP MIAMI, FL 33131 ☒ Delete

TITLE PD
NAME SORAYA MURIEL ☐ Change ☒ Addition
STREET ADDRESS 999 Brickell Bay Dr. #1405
CITY-ST-ZIP MIAMI FL. 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-15-2005 305 226 2443

Date

Daytime Phone #