

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F47621

FILED
Jan 25, 2006
Secretary of State

Entity Name: ALBERTO CORTES COSMETICS AND PERFUMES, INC.

Current Principal Place of Business:

20 SE 3 AVE
2ND FL
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

20 SE 3 AVE
2ND FL
MIAMI, FL 33131

New Mailing Address:

FEI Number: 59-2496559 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORTES, CLAUDIA
20 S.E. 3 AVE
2ND FLOOR
MIAMI, FL 33131 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: PD () Delete
Name: CORTES, CLAUDIA
Address: 1600 S BAYSHORE LANE 9C
City-St-Zip: MIAMI, FL 33133

Title: DT () Delete
Name: BENDENBAUGH, ERIC
Address: 4505 BANYAN LANE
City-St-Zip: MIAMI, FL 33137

Title: VP () Delete
Name: CORTES, SANDRA
Address: 4505 BANYAN LANE
City-St-Zip: MIAMI, FL 33137

Title: S () Delete
Name: CORTES, PATRICIA
Address: 4505 BANYAN LANE
City-St-Zip: MIAMI, FL 33137

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: CLAUDIA CORTES

PD

01/25/2006

Electronic Signature of Signing Officer or Director

_____ Date