

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 24, 2005 8:00 am
Secretary of State

02-24-2005 90049 002 ***150.00

DOCUMENT # F93000003973

1. Entity Name
MAKE-UP ART COSMETICS (U.S.), INC.



Principal Place of Business
**7 CORPORATE CENTER DRIVE
MELVILLE, NY 11747**

Mailing Address
**7 CORPORATE CENTER DRIVE
MELVILLE, NY 11747**

50018999



02072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
93-0131571

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**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

TITLE	VCFD
NAME	KUNES, RICHARD
STREET ADDRESS	7 CORPORATE CENTER DR
CITY-ST-ZIP	MELVILLE, NY 11747
TITLE	P
NAME	DEMSEY, JOHN
STREET ADDRESS	7 CORPORATE CENTER DRIVE
CITY-ST-ZIP	MELVILLE, NY 11747
TITLE	SD
NAME	MOSS, SARA
STREET ADDRESS	7 CORPORATE CENTER DR.
CITY-ST-ZIP	MELVILLE, NY 11747
TITLE	VP
NAME	GIBIAN, GERAND Z
STREET ADDRESS	7 CORPORATE CENTER DRIVE
CITY-ST-ZIP	MELVILLE, NY 11747
TITLE	VP
NAME	MARTIN, MARILYNNE
STREET ADDRESS	7 CORPORATE CENTER DRIVE
CITY-ST-ZIP	MELVILLE, NY 11747
TITLE	AS
NAME	SCHWECHERL, JAMES
STREET ADDRESS	7 CORPORATE CENTER DRIVE
CITY-ST-ZIP	MELVILLE, NY 11747

**DO NOT WRITE
IN THIS SPACE**

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

Lisa Cappell
Assistant Secretary

2/18/2005 631-847-6343

Date

Daytime Phone #