


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 8:00 am
Secretary of State

01-12-2006 90173 047 ***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		
2. Principal Place of Business <i>Same as above</i>		3. Mailing Address <i>Same as above</i>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State 		City & State 		4. FEI Number 93-0131571	
Zip 		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFD KUNES, RICHARD 7 CORPORATE CENTER DR MELVILLE, NY 11747	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEMSEY, JOHN 7 CORPORATE CENTER DRIVE MELVILLE, NY 11747	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MOSS, SARA 7 CORPORATE CENTER DR. MELVILLE, NY 11747	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GIBIAN, GERAND Z 7 CORPORATE CENTER DRIVE MELVILLE, NY 11747	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARTIN, MARILYNNE 7 CORPORATE CENTER DRIVE MELVILLE, NY 11747	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SCHWECHERL, JAMES 7 CORPORATE CENTER DRIVE MELVILLE, NY 11747	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP / TREASURER TERENCE STACK 7 CORPORATE CENTER DRIVE MELVILLE NY 11747				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR DANIEL J. BRESTLE 7 CORPORATE CENTER DRIVE MELVILLE NY 11747				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____		James P. Schwecherl Assistant Secretary		1/6/06 631-847-6326	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	