

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000005581**

**1. Entity Name**  
**PROFESSIONAL PERMANENT COSMETICS, LLC**



**Principal Place of Business**  
495 NORTH FEDERAL HIGHWAY  
BOCA RATON, FL 33432

**Mailing Address**  
495 NORTH FEDERAL HIGHWAY  
BOCA RATON, FL 33432



04202007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
56-2400525

Applied For  
Not Applicable

**5. Certificate of Status Desired** ☐

**\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

KLEIN, STUART B  
1551 FORUM PLACE, SUITE 400 B  
WEST PALM BEACH, FL 33401

**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**

**Filing Fee is \$50.00  
Due by May 1, 2007**

**B. MANAGING MEMBERS/MANAGERS**

<b>TITLE</b>	<b>MGR</b>
<b>NAME</b>	<b>TREVINO, SULEMA</b>
<b>STREET ADDRESS</b>	<b>5030 VAN BUREN ROAD</b>
<b>CITY-ST-ZIP</b>	<b>DELRAY BEACH, FL 33484</b>
<b>TITLE</b>	<b>MGR</b>
<b>NAME</b>	<b>TREVINO, AMELIA</b>
<b>STREET ADDRESS</b>	<b>4773 CAMBRIDGE STREET</b>
<b>CITY-ST-ZIP</b>	<b>LAKE WORTH, FL 33463</b>
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

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05/03/07-80035-012 150.00

**DO NOT WRITE  
IN THIS SPACE**

**11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

MGR.

Date

Daytime Phone #

4/20/07 (561)964-1523