
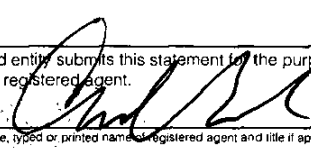
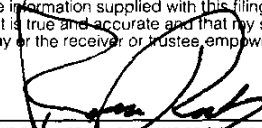


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90017 043 ***138.75

DOCUMENT # L06000029274					
1. Entity Name COSMETEX, LLC					
Principal Place of Business 1 NE 19TH STREET MIAMI, FL 33132			Mailing Address 1 NE 19TH STREET MIAMI, FL 33132		
2. Principal Place of Business - No P.O. Box # 10425 NW 37TH TERRACE <small>Suite, Apt. #, etc.</small>		3. Mailing Address 10425 NW 37TH TERRACE <small>Suite, Apt. #, etc.</small>			
City & State DORAL, FL		City & State DORAL, FL		4. FEI Number 16-1761195	
Zip 33178		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SATZ, ROSANNE 1 NE 19TH STREET MIAMI, FL 33132			7. Name and Address of New Registered Agent Name ROSANNE SATZ Street Address (P.O. Box Number is Not Acceptable) 10425 NW 37TH TERRACE City DORAL FL Zip Code 33178		
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:  DATE: 4/30/08 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SATZ, ROSANNE 1 NE 19TH STREET MIAMI, FL 33132 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			Date: 4/30/08 Daytime Phone #: 305 468 9141		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					