

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000000439

FILED
Apr 11, 2008
Secretary of State

Entity Name: OFRA COSMETICS, LLC

Current Principal Place of Business:

2200 NW 32 STREET
#1600
POMPANO BEACH, FL 33069

New Principal Place of Business:

Current Mailing Address:

2200 NW 32 STREET
#1600
POMPANO BEACH, FL 33069

New Mailing Address:

FEI Number: 59-3556109 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GAITO, OFRA
2200 NW 32 STREET, SUITE #1600
POMPANO BEACH, FL 33069 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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GAITO, OFRA
Address: 2200 NW 32ND STREET, SUITE 1600
City-St-Zip: POMPANO BEACH, FL 33069

Title: MGRM () Delete
Name: GAITO, DAVID
Address: 2200 NW 32ND STREET, SUITE 1600
City-St-Zip: POMPANO BEACH, FL 33069

Title: MGRM () Delete
Name: SCHECHTER, RUSSELL
Address: 2200 NW 32ND STREET, SUITE 1600
City-St-Zip: POMPANO BEACH, FL 33069

ADDITIONS/CHANGES:

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 exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RUSSELL SCHECHTER MGRM 04/11/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date