


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 22, 2004 08:00 AM**  
**Secretary of State**

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| <b>DOCUMENT # M71781</b><br>1. Entity Name<br>CONCEPT II COSMETICS, INC. |  |
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| Principal Place of Business<br>2200 N.W. 92 AVENUE<br>MIAMI, FL 33172 | Mailing Address<br>% IVAN A. GOMEZ<br>601 BRICKELL KEY DR. #507<br>MIAMI, FL 33131 |
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03082004 No Chg-P CR2E034 (10/03)

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| 4. FEI Number<br>65-0044937      | Applied For<br>Not Applicable                                      |
| 5. Certificate of Status Desired | <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |

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|---|
| 6. Name and Address of Current Registered Agent<br><br>IAG CORPORATE SERVICES, INC.<br>601 BRICKELL KEY DRIVE<br>SUITE 507<br>MIAMI, FL 33131 |
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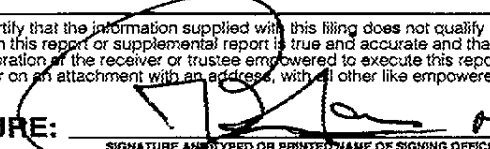
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| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. |  |            |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>   | (NOTE: Registered Agent signature required when reinstating) | DATE _____ |

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|---|---|--|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2004 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees | UG00000124717<br>04/22/04-85055-024 158.75 |
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| 10. OFFICERS AND DIRECTORS                         |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | PSD<br>BLASSER, JOSEPH<br>2200 N.W. 92 AVENUE<br>MIAMI, FL 33172 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  <i>Joseph Blasser</i> <i>07 April 15/2004</i>  | Date | Daytime Phone # <i>305-371-9212</i> |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR<br><b>JOSEPH BLASSER, PRESIDENT</b>  |      |                                     |