

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # M94817

1. Entity Name
ADVANCED COSMETRONS, INC.



Principal Place of Business
**5180 W. ATLANTIC AVENUE
#122
DELRAY BCH., FL 33484 US**

Mailing Address
**5180 W. ATLANTIC AVE
#122
DELRAY BCH., FL 33484 US**

FILED
Feb 20, 2004 08:00 AM
Secretary of State



01142004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0077321	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ZUCKER, JARIN DAWN
5180 W. ATLANTIC AVE. #122
DELRAY BCH., FL 33484**

**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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ZUCKER, JARIN DAWN 6722 BRIDLEWOOD CT BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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02/20/04-80062-019 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/18/04

561-498-1717