


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90026 008 ***150.00

DOCUMENT # P0000092465

1. Entity Name
ALWAYS AND FOREVER PERMANENT COSMETICS, INC.



Principal Place of Business
**5503 N FEDERAL HWY
 STE 201
 BOCA RATON, FL 33487**

Mailing Address
**5503 N FEDERAL HWY
 STE 201
 BOCA RATON, FL 33487**

54023371



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
12848 HYLAND CIR.
 Suite, Apt. #, etc.

03172004 Chg-P CR2E034 (10/03)

City & State
BOCA RATON, FL

City & State
BOCA RATON, FL

Zip
33428

Country
USA

4. FEI Number
65-1055485

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**CAPUTO, KEVIN J
 12848 HYLAND CIR
 BOCA RATON, FL 33428**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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. **NO CHANGE**

SIGNATURE: **KEVIN J. CAPUTO** DATE: **3-16-04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	DP CAPUTO, KENIA M 12848 HYLAND CIR BOCA RATON, FL 33428	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Jenia M. Caputo** DATE: **3-16-04** DAYTIME PHONE #: **561-716-0421**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Attachment

54023371

To Div. of Corp.

~~1337~~ P00000092465

I previously sent in an amendment to
change the corporation name, from Always &
Forever Permanent Cosmetics, Inc. to Genia M. Caputo, Inc.

I included a check for the amendment along
with the forms to the amendment department.

Thank you

Genia M. Caputo