2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 22, 2004 8:00 am Secretary of State

DOCUMENT # P01000051040 1. Entity Name COSMET COMPANY OF DELRAY, INC.				04-22-2	2004 90094 039 ***1 50.00	
Principal Place of Business		Mailing Address	4			
3146 N.W. 68 ST. FT. LAUDERDALE, FL 33309-1206 FT. LAUDERDALE, FL 3330			33309-1206	1 (48):189: 11 (48)(6: 111) (8)(1 (8)	III 88111 88111 81181 11811 8811 81811 8811881 11 1	
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04082004 Chg-P	CR2E034 (10/03)	
City & State		City & State		4. FEI Number 65-1108482	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desire	ed S8.75 Additional Fee Required	
	6. Name and Address of Curren	t Registered Agent		7. Name and Address of New Registered Agent		
		odriger (City s registered office or regis	RoxiqueZ	FL Zip Code of Florida. I am familiar with, and accept	
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550	Election Camp	aign Financing \$	5.00 May Be dded to Fees		
10.	OFFICERS ANI		11.	ADDITIONS/CHANGES TO	OFFICERS AND DIRECTORS IN 11	
NAME STREET ADDRESS	PCEO CHERISOL, BERNARD P.O. BOX 6028	Delete	TITLE NAME STREET ADDRESS		☐ Change ☐ Addition	
CITY-ST-ZIP	DELRAY BEACH, FL 33482		CITY-ST-ZIP			
THTLE NAME STREET ADDRESS CITY-ST-ZIP	VCSD CHERISOL, BERNARD P.O. BOX 6028 DELRAY BEACH, FL 33482	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS	BA RODRIGUEZ, CLIFTON H 3146 N W 68 ST	☐ Delete	TITLE NAME STREET ADDRESS		Change Addition	

Addition ☐ Change TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

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 reports true and obstate 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 of truefee in new 20 percent to the corporation of the receiver of truefee in new 20 percent 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 addition, which is 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 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 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 supplied with the information indicated on this report of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of truefee in the same legal effect as if made under oath; that I am an officer or director of the corporation of the corporation of the same legal effect as if made under oath; that I am an officer or director of the corporation of the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made und

SIGNATURE: *

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

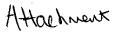
FT. LAUDERDALE, FL 333091206

OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Change

Addition



FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 7610 1. Entity Name	000051040				
Cosmet Company of Delray, Inc.		14005512			
DO NOT W	RITE IN THIS S	SPACE	1100019		
2. Principal Place of Business	3. Mailing Address				
Suite, Apt. #, etc.	Suite, Apt. #, etc		DO NOT WRITE IN THIS SPACE		
City & State	City & State		4. FEI Number Applied For		
Ft. Lauderdale, Florida Zip Country	Zip	Country	65-1108482	Not Applicable \$8.75 Additional	
33312		<u> </u>	5. Certificate of Status Desired	Fee Required	
		7. Na Name	me and Address of Current Regis	tered Agent	
· -	T WRITE S SPACE		reet Address (P.O. Box Number is Not Acceptable)		
114 1111	O OI AOL	City	FL	Zip Code	
8. The above named entity subm State of Florida. am familiar	nits this statement for the purpo with, and accept the obligations	se of changing its reg s of registered agent.	gistered office or registered agent, or	both, in the	
SIGNATURE Signature of the state of the stat	Clifton	H. Rodriquez, CPA	istered Agent signature required when reinstati	4/9/2004 ng) DATE	
January 1 - May 1 Fee After May 1, Fee is Amended UBR is Make Check Payable to Florida	1s \$150.00 \$550.00 \$61.25 Department of State		9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
TITLE OFF	ICERS AND DIRECTORS	11.		<u></u>	
NAME STREET ADDRESS CITY-ST-ZIP		NAME STREET ADDRES CITY-ST-ZIP	ss ,	-	
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP TITLE NAME STREET ADDRES CITY-ST-ZIP	IN THIS SI	IN THIS SPACE	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRES CITY-ST-ZIP	SS		
12. I hereby certify that the information certify that the information indicate as if made under oath; that I am a	ed on this report or supplemental re n officer or director of the corporati	qualify for the exemption eport is true and accurate ion or the receiver or true	n stated in Section 119.07(3)(i), Florida S e and that my signature shall have the sa stee empowered to execute this report a rith an address, with all other like empow	ame legal effect s required by	
SIGNATURE: SIGNATURE AND	Bernard Cher			954)969-9380 aytime Phone #	