

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 25, 2007 8:00 am
Secretary of State

05-25-2007 90027 004 ***150.00

DOCUMENT # P01000051040
1. Entity Name
Cosmet Company of Delray, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 665 S.W. 27th Avenue, Suite No.10 Suite, Apt. #, etc.	3. Mailing Address 3146 NW 68th Street Suite, Apt. #, etc. Suite No.1
City & State Ft. Lauderdale, Florida	City & State Fort Lauderdale, Florida
Zip 33312	Country USA
Zip 33309-1206	Country USA

50001647

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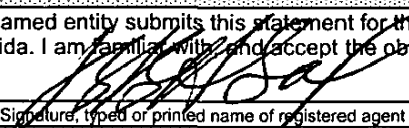
4. FEI Number 65-1108482	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name Bernard B. Cherisol
Street Address (P.O. Box Number is Not Acceptable) 665 S.W. 27th Avenue
Suite No.10
City Fort Lauderdale
FL
Zip Code 33312

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  Bernard B. Cherisol 1/12/2007
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/CEO/Chairperson Bernard B. Cherisol P.O. Box 6028 Delray Beach, Florida 33482
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board Advisor/Ex-officio Clifton H. Rodriguez, MPA, CPA, CIA 3146 NW 68th Street, Ste., No.1 Fort Lauderdale, Florida 33309-1206
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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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE:  Bernard B. Cherisol, CEO 1/12/2007 (954)321-1818
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #