FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000051040] FILED		
1. Entity Name					-09 MAY -1 AM 9: 36		
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Cosmet Company of Delray, Inc.					SEURLIARY OF STATE		
					TALLAHASSEE, FLORIDA		
DON	OI WRII	E IN THIS	SPA	CE			
2. Principal Place of Business 3. Mailing Address							
665 S.W. 27th Avenue, Suite No.10 3146 NW 68th Street							
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite No.1			etc.		DO NOT WRITE IN THIS SPACE		PACE
City & State		City & State			4. FEI Number Applied For		
Ft. Lauderdale, Florida	7	Fort Lauderdale, Florida		65-1108482		Not Applicable	
Zip	Country USA	Zip 33309-1206	USA	ountry	5. Certificate of Status Desired		\$8.75 Additional Fee Required
33312	JUSA	133309-1200	JUSA	7. Nan	ne and Address of Current Reg	istere	
				Name			
DO NOT WRITE				Bernard B. Cherisol Street Address (P.O. Box Number is Not Acceptable)			
IN THIS SPACE				665 S.W. 27th Avenue			
		AUL		Suite No.10			
				City	lo FL		Zip Code
2 The share seemed	Lantitu auhmita thia	statement for the au		Fort Lauderda	16		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. Lam familiar with, and accept the obligations of registered agent.							
	blidad/	1/2 /		Bernard B. Che	erisol		1/20/2009
. Bignatu	ire, typed or printed name	of registered agent and titl			tered Agent signature required when reinsta	ting)	DATE
January 1 - May 1 Fee is \$150:00 After May 1, Fee is \$550.00					9. Election Campaign Financing		\$5.00 May Be
Amended UBR is \$61.25					Trust Fund Contribution.		Added to Fees
Make Check Payable			11.				
10. TITLE	President/CEO/Ch	AND DIRECTORS airperson		ree .			
NAME	Bernard B. Cheriso	ار	2,000,000,00	ME	3001551514 06/01/09-01064-026	8:	3
STREET ADDRESS CITY-ST-ZIP	P.O. Box 6028 Delray Beach, Flor	ida 33482	\$2 × 18 × 10 × 16	REET ADDRES: TY-ST-ZIP	° 05/01/0901064026	**1	\$0.00
TITLE	Board Advisor/Bus	iness Consultant	1000000000	rle .			
NAME STREET ADDRESS	Clifton H. Rodrique 3146 NW 68th Stre		100000000000000000000000000000000000000	ME REET ADDRES:	S		
CITY-ST-ZIP	Fort Lauderdale, F		CI	TY-ST-ZIP			
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CITY-ST-ZIP	he information aunclic	d with this filias doos -		TY-ST-ZIP	stated in Section 110 07/2\/\(\) Florida	Stat 1	oc I further
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, ASSESSAULT DE PROPERTO DE CHARLES OFFE 4/00/2000 (OFFE)							
SIGNATURE: Bernard B. Cherisol, CEO 1/20/2009 (954)321-1818 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #							
SIGNATORE AND TITED OR FINITED AND CONTROL OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #							