

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000040560

Entity Name: LIZETTE COSMETICS INC.

FILED
Apr 26, 2005
Secretary of State

Current Principal Place of Business:

10512 NW 10 ST
PEMBROKE PINES, FL 33026

New Principal Place of Business:

PO BOX 940804
MIAMI, FL 33194

Current Mailing Address:

PO BOX 940804
MIAMI, FL 33194

New Mailing Address:

FEI Number: 03-0425134

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SOTO, LIZETTE
PO BOX 940804
MIAMI, FL 33194 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D/P () Delete
Name: SOTO, LIZETTE
Address: 10512 NW 10 ST
City-St-Zip: PEMBROKE PINES, FL 33026

Title: D/S () Delete
Name: DE ARMAS, ORLANDO
Address: 10300 SW 72 ST #270
City-St-Zip: MIAMI, FL 33173

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D/P (X) Change () Addition
Name: SOTO, LIZETTE
Address: PO BOX 940804
City-St-Zip: MIAMI, FL 33194

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LIZETTE SOTO

D/P

04/26/2005

Electronic Signature of Signing Officer or Director

_____ Date