

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000086256

FILED
Apr 15, 2004
Secretary of State

Entity Name: PERMANENT MEDICAL COSMETICS, INC.

Current Principal Place of Business:

801 THREE ISLANDS BLVD UNIT 209
HALLANDALE, FL 33009

New Principal Place of Business:

4189 FOREST HILL DRIVE
COOPER CITY, FL 33026

Current Mailing Address:

801 THREE ISLANDS BLVD UNIT 209
HALLANDALE, FL 33009

New Mailing Address:

4189 FOREST HILL DRIVE
COOPER CITY, FL 33026

FEI Number: 42-1547366

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREEN, DENISE M
801 THREE ISLANDS BLVD UNIT 209
HALLANDALE, FL 33009

Name and Address of New Registered Agent:

GREEN, CHRISTOPHER H
4189 FOREST HILL DRIVE
COOPER CITY, FL 33026

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: CHRISTOPHER H. GREEN

04/15/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GREEN, DENISE M
Address: 801 THREE ISLANDS BLVD UNIT 209
City-St-Zip: HALLANDALE, FL 33009

Title: D () Delete
Name: GREEN, CHRISTOPHER H
Address: 801 THREE ISLANDS BLVD UNIT 209
City-St-Zip: HALLANDALE, FL 33009

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: GREEN, DENISE M
Address: 4189 FOREST HILL DRIVE
City-St-Zip: COOPER CITY, FL 33026

Title: D (X) Change () Addition
Name: GREEN, CHRISTOPHER H
Address: 4189 FOREST HILL DRIVE
City-St-Zip: COOPER CITY, FL 33026

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: CHRISTOPHER H. GREEN

D

04/15/2004

Electronic Signature of Signing Officer or Director

Date