

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000069177

Entity Name: LU LU COSMETICS, INC.

FILED
Jul 07, 2005
Secretary of State

Current Principal Place of Business:

1937 NORTH PINE ISLAND ROAD
PLANTATION, FL 33322

New Principal Place of Business:

Current Mailing Address:

857 NW 79TH TERRACE
PLANTATION, FL 33324

New Mailing Address:

FEI Number: 56-2376133

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEMINARIO, SHEILA, CAROLA I
857 NW 79TH TERRACE
PLANTATION, FL 33324 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SEMINARIO, SHEILA, CAROLA I
Address: 857 NW 79TH TERRACE
City-St-Zip: PLANTATION, FL 33324

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: S CAROLA SEMINARIO

MISS

07/07/2005

Electronic Signature of Signing Officer or Director

_____ Date