## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Jul 15, 2004 8:00 am Secretary of State **DOCUMENT # P03000089825** 07-15-2004 90005 004 \*\*\*150.00 SCOTT PATRIC MAKEUP, INC. Principal Place of Business Mailing Address 54062525 2208 BAY DRIVE #6 2208 BAY DRIVE #6 MIAMI BEACH, FL 33141 MIAMI BEACH, FL 33141 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07102004 CR2E034 (10/03) Chq-P 4. FEI Number Applied For City & State City & State 6511203081 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CONCEPCION, YOLANDA ESQ Street Address (P.O. Box Number is Not Acceptable) 12550 BISCAYNE BLVD STE 305 NORTH MIAMI, FL 33181 City Zip Code 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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered again and title if applicable. (NOTE: Renistered Agent signature required when registating) DATE Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Trust Fund Contribution. Added to Fees Due by September 8, 2004 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DPTS Addition | me ☐ Change TITLE Defete WEINSTEIN, SCOTT NAME NAME STREET ADDRESS 2208 BAY DRIVE #6 STREET ADDRESS CHY-ST-ZIP MIAMI BEACH, FL 33141 CITY-ST-7P ☐ Delete TITLE Change Addition 🔲 THE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- 7IP CITY-ST-7P TITLE TITLE ☐ Delete Change \_\_ Addition MANAF NAME STREET ADDRESS STREET ADDRESS GITY-ST-ZIP CITY-ST-ZIP Oefete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS GTY - ST - 7:P GITY-ST-ZIP Delete TITLE [7] Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CRY-ST-7P CiTY-ST-ZiP 12. I horeby 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 efficer or director of the corporation or the receiver admission empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE:

CER OR DIRECTOR

FILED