

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000149007

FILED
Mar 15, 2004
Secretary of State

Entity Name: COSMETAN CORPORATION

Current Principal Place of Business:

INDIAN TRACE SHOPPING CENTER
1348 SW 160 AVE
SUNRISE, FL 33326

New Principal Place of Business:

Current Mailing Address:

INDIAN TRACE SHOPPING CENTER
1348 SW 160 AVE
SUNRISE, FL 33326

New Mailing Address:

FEI Number: 54-2135585

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAGENAUER, LIDA
INDIAN TRACE SHOPPING CENTER
1348 SW 160 AVE
SUNRISE, FL 33326

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: P () Delete
Name: HAGENAUER, LIDA
Address: 186 RIVERWALK CIR
City-St-Zip: SUNRISE, FL 33326

Title: VPST () Delete
Name: HAGENAUER, RACHELLE
Address: 186 RIVERWALK CIR
City-St-Zip: SUNRISE, FL 33326

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: LIDA HAGENAUER

P

03/15/2004

Electronic Signature of Signing Officer or Director

_____ Date