


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 27, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000018785 1. Entity Name PAPHIDES-CUADRAS COSMETICS, INC.	
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Principal Place of Business 133 SW BASCOM NORRIS DR. # 107 LAKE CITY, FL 32025	Mailing Address 183 SW BASCOM NORRIS DR LAKE CITY, FL 32025
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DO NOT WRITE IN THIS SPACE



03202008 No Chg-P CR2E034 (11/05)

4. FEI Number 13-4273236	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CUADRAS, MICHELE P 246 SW MELBA GLEN LAKE CITY, FL 32024	DO NOT WRITE IN THIS SPACE
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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 Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CUADRAS, MICHELE P 246 SW. MELBA GLEN LAKE CITY, FL 32024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PAPHIDES, LAURA T 285 SW DRAGONFLY COURT LAKE CITY, FL 32024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CUADRAS, CHRIS M 246 SW MELBA GLEN LAKE CITY, FL 32024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PAPHIDES, BRIAN M DDS 285 SW DRAGONFLY COURT LAKE CITY, FL 32024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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04/09/08-80121-018 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: Michelle P Cuadras **3/25/08** **386-752.3411**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #