

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000018785

Entity Name: PAPHIDES-CUADRAS COSMETICS, INC.

FILED
Apr 25, 2009
Secretary of State

Current Principal Place of Business:

133 SW BASCOM NORRIS DR.
107
LAKE CITY, FL 32025

New Principal Place of Business:

183 SW BASCOM NORRIS DR.
107
LAKE CITY, FL 32025

Current Mailing Address:

183 SW BASCOM NORRIS DR
LAKE CITY, FL 32025

New Mailing Address:

FEI Number: 13-4273236

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CUADRAS, MICHELE P
246 SW MELBA GLEN
LAKE CITY, FL 32024 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CUADRAS, MICHELE P
Address: 246 SW. MELBA GLEN
City-St-Zip: LAKE CITY, FL 32024

Title: VD () Delete
Name: PAPHIDES, LAURA T
Address: 285 SW DRAGONFLY COURT
City-St-Zip: LAKE CITY, FL 32024

Title: T () Delete
Name: CUADRAS, CHRIS M
Address: 246 SW MELBA GLEN
City-St-Zip: LAKE CITY, FL 32024

Title: S () Delete
Name: PAPHIDES, BRIAN M DDS
Address: 285 SW DRAGONFLY COURT
City-St-Zip: LAKE CITY, FL 32024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 exemption stated 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 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: MICHELE P CUADRAS

PD

04/25/2009

Electronic Signature of Signing Officer or Director

Date