2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jun 09, 2005 8:00 am Secretary of State

DOCUMENT # P0400085771 1. Entity Name VENUS COSMETIC CENTER, INC.						06-09-2	005 90	0003 029 ***15	0.00
Principal Plac		Mailing Address						•	
9457 SW 38 MIAMI, FL 33		9457 SW 38TH ST. MIAMI, FL 33165							
MIRWIT, I C 3.	3103	MINNI, IL 33103							
2. Principal P 426 S Suite, Apt.	Tace of Business	3. Mailing Address 426 428 Suite, Apt. #-etc.	5r. #	g					
ounc. Apt.	π, GiG.	Suite, Apr. #, etc.			06032005	Chg-P		CR2E034 (10/03)	
City & State	. 1/1	City & State M/AM/	FI		4. FEI Number	1901	31	′ 	pplied For ot Applicable
Zip 3	Country	Zip	Country		5. Certificate	'		\$8.75 Ad	
321	5 0 6. Name and Address of Current F	33 30						Fee Require	ed
	o. Name and Address of Current i	Name	7. Name and Address of New Registered Agent Name						
GARCIA, IVAN 9457 SW 38TH ST.				Street Acrines (P.O. Box Numberis #rof-Edicontable) A.P. (2)					
9457 SVV 381 H ST. MIAMI, FL 33165				Sizet Asgress (P.Q. Box Number is trof adceptable). Af 8					
			,			***************************************			
			City	11A	41			FL Zip Se	3130
	named entity submits this statement for ions of registered agent.	the purpose of changing its r	egistered office o	r registere	ed agent, or bot	h, in the State	of Floric	da. I am familiar with	, and accept
SIGNATURE									
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005 9. Election Campaign Finan Trust Fund Contribution.					OO May Be d to Fees	In accorda corporatio	nce witi n did no	h s. 607.193(2)(b), it receive the prior	F.S., the notice.
10.	OFFICERS AND I		11.	,	ADDITIONS/	CHANGES TO	OFFICI	ERS AND DIRECTOR	S IN 11
TITLE	PSD GARCIA, IVAN	Delete	TITLE						
NAME			NAME		6 C.	OTH	Cr	Change	Addition
NAME STREET ADDRESS	9457 SW 38TH ST.		name Street address	42	e Su	& TH	ST	# S Change	Addition
	· ·			42 M	BSW 18M1	&TH PL	ST 33	中的Change 130	Addition
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Thereby certify into the information supplied with this limit does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I terrifer 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 all other like empowered.

SIGNATURES KARE

THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/30/05 · Davine Phone