2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 21, 2005 8:00 am
Secretary of State
05-03-2005 90125 050 ***150.00

DOCUMENT # P04000101379

1. Entity Name
JES COSMETIC CONCEPTS, INC.

Principal Place of Business	Mailing Address
1331 SOUTH DIXIE HIGHWAY BAY 10A POMPANO BEACH, FL 33060	1331 SOUTH DIXIE HIGHWAY BAY 10A POMPANO BEACH, FL 33060

01252005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.: 4133 NW 114TH TER	Jes Cosmetic Concepts Inc Suite, Apt. #, etc.: P.O. Box 243371
City & State: CORAL SPRINGS FL	City & State: BOYNTON BEACH
Zip: 33065 Country: U.S.A	Zip: 33424 Country: U.S.A

4. FEI Number: 20-1242224 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MAIGNAN, JESIKA M 1331 SOUTH DIXIE HIGHWAY BAY 10A POMPANO BEACH, FL 33060	Name: MAIGNAN, JESIKA M Street Address (P.O. Box Number is Not Acceptable): 4133 NW 114th TER City: CORAL SPRINGS FL Zip Code: 33065

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: JESIKA MARIE MAIGNAN (OWNER) Jesika Marie Maignan DATE: 4/20/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MAIGNAN, JESIKA A 1331 SOUTH DIXIE HIGHWAY BAY 10A POMPANO BEACH, FL 33060	☒ Delete	MAIGNAN, JESIKA 4133 NW 114th TER CORAL SPRINGS FL 33065	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby 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 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.

SIGNATURE: Jesika Marie Maignan JESIKA MAIGNAN M 4/20/05 Date (954)691-7984 | 2546467335 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR