


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90100 027 ***150.00

DOCUMENT # P04000116221 1. Entity Name BEAUTY COSMETICS CORPORATION					
Principal Place of Business 4315 NW 7TH STREET #40 MIAMI, FL 33126			Mailing Address 4315 NW 7TH STREET #40 MIAMI, FL 33126		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address 4315 NW 7TH ST 37-B Suite, Apt. #, etc.		
City & State MIAMI, FL			4. FEI Number 20-1471541		
Zip 33126			Country USA		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			Applied For Not Applicable		
6. Name and Address of Current Registered Agent SALMI, JAROSLAW 4315 NW 7TH STREET #40 MIAMI, FL 33126			7. Name and Address of New Registered Agent Name SALMI, JAROSLAW Street Address (P.O. Box Number is Not Acceptable) 4315 NW 7TH ST # 37-B City MIAMI		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>				DATE 3-21-07	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$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	DP SALMI, JAROSLAW 4315 NW 7TH STREET #40 MIAMI, FL 33126	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SALMI, JAROSLAW 4315 NW 7TH ST. # 37-B MIAMI, FL. 33126	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DA CRUZ, ALEXANDRE L 4315 NW 7TH STREET #40 MIAMI, FL 33126	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D-S DA CRUZ, ALEXANDRE L. 4315 NW 7TH ST. # 37-B MIAMI, FL. 33126	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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 all other like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE 3-21-07	