

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90079 019 ***150.00

DOCUMENT # P04000160345

1. Entity Name
COSMETICA ENTERPRISES, INC.



Principal Place of Business
**13685 DOCTORS WAY, SUITE 310
FT. MYERS, FL 33912**

Mailing Address
**13685 DOCTORS WAY, SUITE 310
FT. MYERS, FL 33912**

20014132



2. Principal Place of Business
13691 METROPOLIS AVE

3. Mailing Address
13691 METROPOLIS AVE

01312005 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
FORT MYERS, FLORIDA

City & State
FORT MYERS, FLORIDA

4. FEI Number
27-0112010

Applied For
Not Applicable

Zip
33912 Country
USA

Zip
33912 Country
USA

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

6. Name and Address of Current Registered Agent

**BADIA, ANAIS A
13685 DOCTORS WAY, SUITE 310
FT. MYERS, FL 33912**

7. Name and Address of New Registered Agent

Name
ANAIS A. BADIA
Street Address (P.O. Box Number is Not Acceptable)
13691 METROPOLIS AVENUE
City
FORT MYERS FL Zip Code
33912

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 **ANAIS A. BADIA, PRESIDENT**

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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
BADIA, ANAIS A
13685 DOCTORS WAY, SUITE 310
FT. MYERS, FL 33912** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
ANAIS A. BADIA
13691 METROPOLIS AVENUE
FORT MYERS, FLORIDA 33912** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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CITY-ST-ZIP
☐ 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: **ANAIS A. BADIA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #