2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000038395

Entity Name: J.P. COSMETICS, INC.

City-St-Zip:

HIALEAH, FL 330104127

FILED Jul 11, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1629 W 33 PL HIALEAH, FL 33012 **Current Mailing Address: New Mailing Address:** 1629 W 33 PL HIALEAH, FL 33012 FEI Number: 61-1485306 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PINON, JOAQUIN 9311 N W 121 TERR HIALEAH GARDENS, FL 33018 US 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 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition RUIZ, MARILUZ Name: Name: 167 E 10TH ST Address: Address: City-St-Zip: HIALEAH, FL 330104127 City-St-Zip: Title: Title: () Change () Addition () Delete Name: PINON, JOAQUIN Name: 9311 N W 121 TERR Address: Address: HIALEAH GARDENS, FL 33018 City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition DOMINGUEZ, JUAN M Name: Name: 16 ACME ST Address: Address: City-St-Zip: COLONIA, NJ 07067 City-St-Zip: Title: () Delete Title: () Change () Addition RECIO, EUDEL MORALES Name: Name: Address: 167 E 10TH ST Address:

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.

City-St-Zip:

SIGNATURE: JOAQUIN PINON PRES 07/11/2007