2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2009
Secretary of State

DOCUMENT# P05000038395

Entity Name: J.P. COSMETICS, INC.

Current Principal Place of Business:

1629 W 33 PL
HIALEAH, FL 33012

New Principal Place of Business:

Current Mailing Address:

1629 W 33 PL
HIALEAH, FL 33012

New Mailing Address:

FEI Number: 61-1485306 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PINON, JOAQUIN
9311 N W 121 TERR
HIALEAH GARDENS, FL 33018 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: SD ( ) Delete
Name: MORALES, EUDEL
Address: 167 E 10TH ST
City-St-Zip: HIALEAH, FL 330104127 US

Title: PD ( ) Delete
Name: PINON, JOAQUIN
Address: 9311 N W 121 TERR
City-St-Zip: HIALEAH GARDENS, FL 33018 US

Title: VPD ( ) Delete
Name: DOMINGUEZ, JUAN M
Address: 16 ACME ST
City-St-Zip: COLONIA, NJ 07067 US

Title: TD ( ) Delete
Name: MORALES, LORENZO C
Address: 3831 WEST 3RD COURT
City-St-Zip: HIALEAH, FL 33012 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MORALES, EUDEL
Address: 167 E 10TH ST
City-St-Zip: HIALEAH, FL 330104127 US

Title: SD (X) Change ( ) Addition
Name: PINON, JOAQUIN
Address: 9311 N W 121 TERR
City-St-Zip: HIALEAH GARDENS, FL 33018 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D ( ) Change (X) Addition
Name: BERTOT, RAMIRO R
Address: 9920 S W 22ND STREET
City-St-Zip: MIAMI, FL 33165

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.

SIGNATURE: EUDEL MORALES PD 02/25/2009

Electronic Signature of Signing Officer or Director — Date