

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000066365

Entity Name: EYECON COSMETICS INC.

FILED  
Apr 30, 2008  
Secretary of State

## Current Principal Place of Business:

272 SW SOUTH QUICK CIRCLE  
PORT ST. LUCIE, FL 34953

## New Principal Place of Business:

## Current Mailing Address:

272 SW SOUTH QUICK CIRCLE  
PORT ST. LUCIE, FL 34953

## New Mailing Address:

FEI Number: 71-0981880

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KHANNA, ALYSON  
272 SW SOUTH QUICK CIRCLE  
PORT ST. LUCIE, FL 34953 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: DP ( ) Delete  
Name: KHANNA, ALYSON  
Address: 272 SW SOUTH QUICK CIRCLE  
City-St-Zip: PORT ST. LUCIE, FL 34953

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: ALYSON KHANNA

MRS

04/30/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date