


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006 8:00 am
Secretary of State

02-24-2006 90006 027 ***150.00

DOCUMENT # P05000168358 1. Entity Name ROSEMARIE'S COSMETICS, INC.			
Principal Place of Business 2900 WEST SAMPLE DRIVE POMPANO BEACH, FL 33073 US		Mailing Address 2900 WEST SAMPLE DRIVE POMPANO BEACH, FL 33073 US	
2. Principal Place of Business 2900 W Sample Rd Suite, Apt. #, etc.		3. Mailing Address 2753 NW 42nd Ave Suite, Apt. #, etc.	
City & State Pompano Beach, FL Zip 33073-3024 Country Broward		City & State Coconut Creek, FL Zip 33066-2107 Country Broward	
4. FEI Number 20-4292473		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		02142006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent Name Rosemarie Maniscalco Street Address (P.O. Box Number is Not Acceptable) 2753 NW 42nd Ave City Coconut Creek, FL Zip Code 33066-2107	
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: <u>Rosemarie Maniscalco</u> DATE: <u>2/21/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	D MANISCALCO, ROSEMARIE 2900 WEST SAMPLE DRIVE POMPANO BEACH, FL 33073	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/O Maniscalco, Rosemarie 2753 NW 42nd Ave Coconut Creek, FL 33066-2107
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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: <u>Rosemarie Maniscalco</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>2/21/06</u> Daytime Phone #	