

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000103935

Entity Name: REAL TOUCH COSMETICS, INC.

FILED
Mar 10, 2008
Secretary of State

Current Principal Place of Business:

301 CRAWFORD BLVD.
201
BOCA RATON, FL 33432

Current Mailing Address:

301 CRAWFORD BLVD.
201
BOCA RATON, FL 33432

New Principal Place of Business:

2315 N.W. 107TH AVE.
BOX 133 W.H. 1-16
DORAL, FL 33172

New Mailing Address:

2315 N.W. 107TH AVE.
BOX 133 W.H. 1-16
DORAL, FL 33172

FEI Number: 26-1436689

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELO ENTERPRISES, INC.
301 CRAWFORD BLVD.
201-A
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

ELO ENTERPRISES, INC.
301 CRAWFORD BLVD.
206
BOCA RATON, FL 33432 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: LYSLEI CHIRICO

03/10/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: OLIVEIRA, IRINEIA A
Address: 301 CRAWFORD BLVD. #201-A
City-St-Zip: BOCA RATON, FL 33432

Title: VP () Delete
Name: OLIVEIRA, PAULO C
Address: 301 CRAWFORD BLVD. #201-A
City-St-Zip: BOCA RATON, FL 33432

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FARIA, NOEMI
Address: 2315 N.W. 107TH AVE BOX 133 W.H. 1-16
City-St-Zip: DORAL, FL 33172

Title: VP (X) Change () Addition
Name: OLIVEIRA, IRINEIA A
Address: 2315 N.W. 107TH AVE BOX 133 W.H. 1-16
City-St-Zip: DORAL, FL 33172

Title: D () Change (X) Addition
Name: SOUZA, ANTONIO CARLOS B
Address: 2315 N.W. 107TH AVE BOX 133 W.H. 1-16
City-St-Zip: DORAL, FL 33172

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: NOEMI FARIA

P

03/10/2008

Electronic Signature of Signing Officer or Director

Date