

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P08000019367

FILED
Oct 01, 2009
Secretary of State

Entity Name: MULIER COSMETICS PRODUCTS INC

Current Principal Place of Business:

10250 NW 89 AVENUE
BAY # 10
MEDLEY, FL 33178 US

New Principal Place of Business:

5900 N.W. 99 AVENUE
UNIT. 5
MIAMI, FL 33178 US

Current Mailing Address:

10250 NW 89 AVENUE
BAY # 10
MEDLEY, FL 33178 US

New Mailing Address:

5900 N.W. 99 AVENUE
UNIT. 5
MIAMI, FL 33178 US

FEI Number: 26-2129136

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALMONTE, JOSE A
10250 NW 89 AVENUE
BAY # 10
MEDLEY, FL 33178 US

Name and Address of New Registered Agent:

ALMONTE, JOSE A
5900 N.W. 99 AVENUE
UNIT. 5
MIAMI, FL 33178 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: JOSE A. ALMONTE

10/01/2009

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:

Title: P () Delete
Name: ALMONTE, JOSE A
Address: 10250 NW 89TH AVENUE BAY # 10
City-St-Zip: MEDLEY, FL 33178 US

Title: VP () Delete
Name: MARTINEZ, MARTHA A
Address: 10250 NW 89TH AVE BAY # 10
City-St-Zip: MEDLEY, FL 33178 US

Title: S () Delete
Name: MIESES, JUAN W
Address: 8095 NW 8 STREET APT #309
City-St-Zip: MIAMI, FL 33126 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ALMONTE, JOSE A
Address: 5900 N.W. 99 AVENUE
City-St-Zip: MIAMI, FL 33178 US

Title: VP (X) Change () Addition
Name: MARTINEZ, MARTHA A
Address: 5900 N.W. 99 AVENUE
City-St-Zip: MIAMI, FL 33178 US

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: MARTHA A. MARTINEZ

BP

10/01/2009

Electronic Signature of Signing Officer or Director

Date