2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P23361

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

900 THIRD AVE

COHEN, JEFF

178 BAUER DRIVE

OAKLAND, NJ 07436

NEW YORK, NY 10022

() Delete

FILED Apr 28, 2006 Secretary of State

DOCON		5501				Secretar	y Oi State
Entity Na	me: SHISFIC	O COSMETICS (AM	FRICALL TO II	NC:			
,		0 000 <u>21100 (</u> 7					
Current P	rincipal Plac	e of Business:		New Princ	ipal Place o	f Business:	
900 3RD A	NE RK, NY 10022	US					
	,						
Current Mailing Address:				New Mailing Address:			
178 BAUE OAKLAND	R DR), NJ 07436	US					
FEI Number	: 13-2545265	FEI Number Applied	For() F	El Number Not Appl	icable ()	Certificate of Status	s Desired (X)
Name and	l Address of	Current Registered	Agent:	Name and	Address of	New Registered A	gent:
1201 HAYE SUITE 105	ES STREET	CORP. SYSTEM INC					
The above in the State	named entity e of Florida.	submits this stateme	nt for the purp	ose of changing i	ts registered	office or registered	agent, or both,
SIGNATU	RE.						
OIOINATOI		nic Signature of Regi	stered Agent			Date	
		-	_			Date	
Election Car	mpaign Financir	ng Trust Fund Contribut	ion ().				
OFFICERS	S AND DIREC	CTORS:		ADDITION	S/CHANGES	S TO OFFICERS AI	ND DIRECTORS
Title: Name: Address: City-St-Zip:	CEO (NEGAMI, TOS 900 THIRD AV NEW YORK, N	ENUE		Title: Name: Address: City-St-Zip:	CEO (, MANHEIMER, 900 THIRD AV NEW YORK, I	/ENUE	
Title: Name: Address: City-St-Zip:	PRES (MANHEIMER, 900 THIRD AV NEW YORK, N	ENUE		Title: Name: Address: City-St-Zip:	VP (, CARLSON, K/ 900 THIRD A\ NEW YORK, I	/ENUE	
Title: Name: Address: City-St-Zip:	CFO (CARLSON, KA 900 THIRD AV NEW YORK, N	ENUE		Title: Name: Address: City-St-Zip:	SEC (A KENDY, JOSE 100 TOKENE DAREN, CT (A	KE ROAD	
Title: Name:	VP (GEPHART, BF) Delete		Title: Name:	VP (. TIRSCH. JAO	X) Change ()Addition ZIA	

I hereby certify that the information supplied with this filing does not qualify for the 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.

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

900 THIRD AVE

NEW YORK, NY 10022

() Change () Addition

SIGNATURE: JEFF COHEN VP 04/28/2006