

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000030850

Entity Name: COSMEDICAL TECHNOLOGIES, INC.

FILED
Feb 24, 2005
Secretary of State

Current Principal Place of Business:

4700 SW 51ST STREET
212
DAVIE, FL 33314 US

Current Mailing Address:

4700 SW 51ST STREET
212
DAVIE, FL 33314 US

New Principal Place of Business:

4700 SW 51ST STREET
#212
DAVIE, FL 33314 US

New Mailing Address:

4700 SW 51ST STREET
#212
DAVIE, FL 33314 US

FEI Number: 65-0405940

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CIRALDO, LORETTA
4700 SW 51ST STREET 212
DAVIE, FL 33314 US

Name and Address of New Registered Agent:

CIRALDO, LORETTA
4700 SW 51ST STREET
#212
DAVIE, FL 33314 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:

02/24/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: CIRALDO, LORETTA
Address: 4700 SW 51ST STREET 212
City-St-Zip: DAVIE, FL 33314

Title: VP () Delete
Name: CIRALDO, ROBERT
Address: 4700 SW 51ST STREET STE 212
City-St-Zip: FORT LAUDERDALE, FL 33314

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: CIRALDO, LORETTA
Address: 4700 SW 51ST STREET SUITE #212
City-St-Zip: DAVIE, FL 33314

Title: VP (X) Change () Addition
Name: CIRALDO, ROBERT
Address: 4700 SW 51ST STREET SUITE #212
City-St-Zip: DAVIE, FL 33314

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ROBERT CIRALDO

VP

02/24/2005

Electronic Signature of Signing Officer or Director

Date