

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000065420 1. Entity Name COSMECEUTICAL LABORATORIES, INC.	
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Principal Place of Business
1111 PARK CENTRE BLVD.
SUITE #360
MIAMI, FL 33169 US

Mailing Address
1111 PARK CENTRE BLVD.
SUITE #360
MIAMI, FL 33169 US



04062006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0686484	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WAGENER, DAVID
1111 PARK CENTRE BLVD.
SUITE #360
MIAMI, FL 33169

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREENE, RICHARD M.D. 201 N.W. 82ND AVENUE #501 PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILENTZ, JOEL M.D. 2100 E. HALLANDALE BEACH BLVD. #205 HALLANDALE, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WAGENER, DAVID 1111 PARK CENTER #102 MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000543192
05/10/06-80128-006 150.00
**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DAVID WAGENER DIRECTOR 4/21/06 305 623 5595