

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000065420

FILED
Apr 22, 2009
Secretary of State

Entity Name: COSMECEUTICAL LABORATORIES, INC.

Current Principal Place of Business:

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

Current Mailing Address:

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

New Principal Place of Business:

1111 PARK CENTRE BLVD.
SUITE #300
MIAMI GARDENS, FL 33169 US

New Mailing Address:

1111 PARK CENTRE BLVD.
SUITE #300
MIAMI GARDENS, FL 33169 US

FEI Number: 65-0686484

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

WAGENER, DAVID
1111 PARK CENTRE BLVD.
SUITE #300
MIAMI GARDENS, FL 33169 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:

04/22/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GREENE, RICHARD M.D.
Address: 201 N.W. 82ND AVENUE #501
City-St-Zip: PLANTATION, FL 33324

Title: D () Delete
Name: WILENTZ, JOEL M.D.
Address: 2100 E. HALLANDALE BEACH BLVD. #205
City-St-Zip: HALLANDALE, FL 33309

Title: D () Delete
Name: WAGENER, DAVID
Address: 1111 PARK CENTER #102
City-St-Zip: MIAMI, FL 33169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: GREENE, RICHARD M.D.
Address: 201 N.W. 82ND AVENUE #501
City-St-Zip: PLANTATION, FL 33324 US

Title: D (X) Change () Addition
Name: WILENTZ, JOEL M.D.
Address: 2100 E. HALLANDALE BEACH BLVD. #100
City-St-Zip: HALLANDALE, FL 33309 US

Title: D (X) Change () Addition
Name: WAGENER, DAVID
Address: 1111 PARK CENTER #300
City-St-Zip: MIAMI GARDENS, FL 33169 US

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: DAVID WAGENER

D

04/22/2009

Electronic Signature of Signing Officer or Director

Date