

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000037905

1. Entity Name
LYSDANE COSMETICS, INC.



FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90442 002 ***158.75

Principal Place of Business
301 CLEMATIS STREET
SUITE 3000
WEST PALM BEACH, FL 33401

Mailing Address
189 EAST BLUE HERON BLVD
RIVIERA BCH, FL 33404

2. Principal Place of Business
186 East Blue Heron Blvd
Suite, Apt. #, etc.
#10

3. Mailing Address
186 East Blue Heron Blvd
Suite, Apt. #, etc.
#10

City & State
Riviera Beach FL
Zip
33404
Country
US
Palm Beach

City & State
Riviera Beach FL
Zip
33404
Country
US

04212004 Chg-P CR2E034 (10/03)

4. FEI Number
65-0727061
Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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 PSID ☐ Delete
DINGEDELIN, ROBERT JR
STREET ADDRESS
CITY-ST-ZIP
186 EAST BLUE HERON BLVD
RIVIERA BEACH, FL 33404

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME ☒ Change ☐ Addition
Dingeldein, Robert Jr
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Robert Dingeldein Jr *Robert Dingeldein Jr*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/04
Date

800-416-6270
Daytime Phone #