


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2003 8:00 am**  
**Secretary of State**

05-19-2003 90228 039 \*\*\*150.00

<b>DOCUMENT # P98000027977</b>					
1. Entity Name <b>COSMETIC CREATION PERMANENT MAKEUP INC.</b>					
Principal Place of Business <b>12551 INDIAN ROCKS RD STE 13 LARGO FL 33774</b>			Mailing Address <b>12551 INDIAN ROCKS ROAD SUITE 13 LARGO FL 33774</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>59-3500500</b>	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>ACCOUNTING &amp; TAX HELP, INC. 8668 PARK BLVD., SUITE A SEMINOLE FL 33777</b>			Name <b>DINA RUFO</b>		
			Street Address (P.O. Box Number is Not Acceptable) <b>12551 INDIAN ROCKS RD Ste 13</b>		
			City <b>LARGO</b> FL Zip Code <b>33774</b>		
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 <i>Dina Rufo</i>			DATE <b>4-20-03</b>		
Signature, typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when reinstating)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D RUFO, DINA L 12015 117TH STREET NORTH LARGO FL 33778</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <i>SIC Dina Rufo REQUIRED</i>			Date <b>4-20-03</b> Daytime Phone # <b>727-596-6405</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2004 (10/02)