

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000057896

FILED  
Apr 29, 2004  
Secretary of State

Entity Name: FEMME BEAUTY PRODUCTS, INC.

## Current Principal Place of Business:

432 PLAZA REAL  
BOCA RATON, FL 33432

## New Principal Place of Business:

## Current Mailing Address:

432 PLAZA REAL  
BOCA RATON, FL 33432

## New Mailing Address:

FEI Number: 65-1095457

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

REBOH, GABRIEL  
9970 COLLINS AVENUE, SUITE 229  
BAL HARBOUR, FL 33154 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: REBOH, GABRIEL  
Address: 9380 BAY DRIVE  
City-St-Zip: SURFSIDE, FL 33154

Title: VD ( ) Delete  
Name: REBOH, RAPHAEL  
Address: 3194 NE 211 STREET  
City-St-Zip: AVENTURA, FL 33180

Title: TD ( ) Delete  
Name: REBOH, MARCEL  
Address: 290 BAL BAY DRIVE #305  
City-St-Zip: BAL HARBOUR, FL 33154

Title: SD ( ) Delete  
Name: REBOH, DANIEL  
Address: 10275 COLLINS AVENUE #1220-S  
City-St-Zip: MIAMI, FL 33154

Title: D ( ) Delete  
Name: BORDEN, FLORY  
Address: 10275 COLLINS AVENUE #1417  
City-St-Zip: MIAMI, FL 33154

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: GABRIEL REBOH

CEO

04/29/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date