

**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 29, 2005 8:00 am**  
**Secretary of State**

03-29-2005 90024 005 \*\*\*150.00



**DOCUMENT # V50542**  
 1. Entity Name  
**CHRISTIAN KOLM COSMETICS, INC.**

Principal Place of Business      Mailing Address  
**407 LINCOLN ROAD**      **407 LINCOLN ROAD**  
**500**      **500**  
**MIAMI BEACH FL 33119**      **MIAMI BEACH FL 33119**



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      Applied For  
**65-0343102**      Not Applicable

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

1st MOORE      CR2E034 (10/04)

**6. Name and Address of Current Registered Agent**  
**KOLM, CHRISTIAN**  
**407 LINCOLN ROAD**  
**#500**  
**MIAMI BEACH FL 33139**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.      \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PVST	<input checked="" type="checkbox"/> Delete
NAME	KOLM, CHRISTIAN	
STREET ADDRESS	P.O. BOX 190618	
CITY-ST-ZIP	MIAMI FL 33119	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOLM CHRISTIAN	
STREET ADDRESS	P.O. BOX 190618	
CITY-ST-ZIP	MIAMI-BEACH FL 33119	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 reports 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:** *Christian Kolm*      **CHRISTIAN KOLM**      **25. MAR 05 / 305-2130200**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #