

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F47621

**Entity Name:** ALBERTO CORTES COSMETICS AND PERFUMES, INC.

**FILED**  
**Feb 14, 2014**  
**Secretary of State**  
**CC2229096642**

**Current Principal Place of Business:**

20 SE 3 AVE  
2ND FL  
MIAMI, FL 33131

**Current Mailing Address:**

20 SE 3 AVE  
2ND FL  
MIAMI, FL 33131

**FEI Number: 59-2496559**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CORTES, CLAUDIA  
20 S.E. 3 AVE  
2ND FLOOR  
MIAMI, FL 33131 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name CORTES, SANDRA  
Address 4505 BANYAN LANE  
City-State-Zip: MIAMI FL 33137

Title DT  
Name BENDENBAUGH, ERIC  
Address 4505 BANYAN LANE  
City-State-Zip: MIAMI FL 33137

Title VP  
Name CORTES, CLAUDIA  
Address 1600 SOUTH BAYSHORE LANE  
City-State-Zip: MIAMI FL 33133

Title SECRETARY  
Name BEDENBAUGH, ALBERT M  
Address 1411 NE 101ST STREET  
City-State-Zip: MIAMI SHORES FL 33138

*I hereby 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 all other like empowered.*

**SIGNATURE: CORTES,SANDRA**

**PD**

**02/14/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date