

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P18000034497

Entity Name: COSMEDICS, INC.**Current Principal Place of Business:**209 NE 95TH STREET, STE. 8
MIAMI SHORES, FL 33138**Current Mailing Address:**209 NE 95TH STREET, STE. 8
MIAMI SHORES, FL 33138**FEI Number:** 20-2207107**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**REDMOND, JOANN J
209 NE 95TH STREET, STE. 8
MIAMI SHORES, FL 33138 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	DPS
Name	REDMOND, JOANN J
Address	209 NE 95TH STREET, STE. 8
City-State-Zip:	MIAMI SHORES FL 33138

Title	TREASURER, DIRECTOR
Name	LOCKWOOD, NICHOLA
Address	209 NE 95TH STREET, STE. 8
City-State-Zip:	MIAMI SHORES FL 33138

Title	VPT
Name	REDMOND, THOMAS
Address	209 NE 95TH STREET, STE. 8
City-State-Zip:	MIAMI SHORES FL 33138

Title	VP, DIRECTOR
Name	LOCKWOOD, REGINALD
Address	209 NE 95TH STREET, STE. 8
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: JOANN JACKSON REDMOND**PRESIDENT****04/26/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date