

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P18000067582

Entity Name: ELIZABETH DANIEL COSMETICS CORPORATION**Current Principal Place of Business:**201 SOUTH BERNER RD STE 1&2
CLEWISTON, FL 33440**Current Mailing Address:**201 SOUTH BERNER RD STE 1&2
CLEWISTON, FL 33440 US**FEI Number:** 83-1480269**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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	D
Name	DANIEL, ELIZABETH
Address	201 SOUTH BERNER RD STE 1&2
City-State-Zip:	CLEWISTON FL 33440

Title	D
Name	DANIEL, EDDY M
Address	201 SOUTH BERNER RD STE 1&2
City-State-Zip:	CLEWISTON FL 33440

Title	P
Name	DANIEL, EDDY M
Address	201 SOUTH BERNER RD STE 1&2
City-State-Zip:	CLEWISTON FL 33440

Title	VP
Name	DANIEL, ELIZABETH
Address	201 SOUTH BERNER RD STE 1&2
City-State-Zip:	CLEWISTON FL 33440

Title	S
Name	DANIEL, ELIZABETH
Address	201 SOUTH BERNER RD STE 1&2
City-State-Zip:	CLEWISTON FL 33440

Title	T
Name	DANIEL, EDDY M
Address	201 SOUTH BERNER RD STE 1&2
City-State-Zip:	CLEWISTON FL 33440

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: ELIZABETH DANIEL**PRESIDENT****05/02/2019**

Electronic Signature of Signing Officer/Director Detail

Date