

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 06, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # F99000005333**  
 1. Entity Name  
**DESIGNER FRAGRANCES & COSMETICS COMPANY**



Principal Place of Business      Mailing Address  
**133 TERMINAL AVENUE**      **133 TERMINAL AVENUE**  
**CLARK, NJ 07066**      **CLARK, NJ 07066**

**DO NOT WRITE IN THIS SPACE**



01262007    No Chg-P    CR2E034 (11/05)

4. FEI Number <b>22-3419910</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE, FL 32301-2525**

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**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, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOP ATTAL, LAURENT 575 FIFTH AVENUE NEW YORK, NY 10017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCAD DOLDEN, ROGER 575 FIFTH AVENUE NEW YORK, NY 10017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VGCS SULLIVAN, JOHN D 575 FIFTH AVENUE NEW YORK, NY 10017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT RABINOWITZ, ROY 133 TERMINAL AVE CLARK, NJ 07066
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GEIGER, HOWIE 515 FIFTH AVE NEW YORK, NY 10017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVAS CORBETT, CHRISTOPHER J 11 TERMINAL AVE CLARK, NJ 07066

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 02/14/07-80034-021 150.00

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**12.** I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report 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 files empowered.

**SIGNATURE:**  **Roy Rabinowitz**    1/26/2007    732-499-2800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #