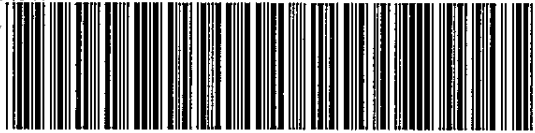


L05000000952

2005 AUG 26 P 3:01

SECRET
UNCLASSIFIED



100058663051

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

08/26/05--01001--021 **35.00

Special Instructions to Filing Officer:

Office Use Only

FF \$ 25

FILED

2005 AUG 26 P 3: 01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SOPHIA PERFUME, L.L.C.

(Name of Limited Partnership)

DOCUMENT NUMBER: L0500000952

The enclosed Resignation of Registered Agent for a Limited Partnership and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARCO BORDONI

(Name of Person)

SOPHIA PERFUME, L.L.C.

(Name of Firm/Company)

2828 CORAL WAY SUITE 300

(Address)

MIAMI, FLORIDA -33145

(City/State and Zip Code)

For further information concerning this matter, please call:

FAUSTO ALVAREZ

(Name of Person)

at (305) 4421010

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$87.50 made payable to the Florida Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

FILED

Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes, the undersigned limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

2005 JUN 26 P 3:1
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. SOPHIA PERFUME, L.L.C.
Name of the limited partnership

2. 01/04/2005 -FL
Date of filing/registration in Florida

3. L050000000952
Document number assigned

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

FRIEDMAN SAMUEL
Name
2270 QUAIL ROOST DRIVE
Address
WESTON FL 33327
City, State and Zip

5. The name and address of the new registered agent and/or office:

SILVIA V. ESCANDAR
Name
5750 COLLINS AVE. SUITE 11A FL
Florida street address (P.O. Box **not** acceptable)
MIAMI BEACH FL 33140
City, State and Zip

6. Such change(s) was/were authorized by the general partners.


Signature of General Partner

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the limited partnership has been notified in writing of this change.


Signature of Registered Agent

**Make checks payable to Florida Department of State and mail to:
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
Filing Fee: \$35.00**