

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90441 023 ***150.00

DOCUMENT # *P00000019481*
1. Entity Name
Perfumilenio CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1889 W. FLAGLER STREET

3. Mailing Address
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIAMI FLA

City & State
Suite, Apt. #, etc.

4. FEI Number
65-0986704

Applied For
Not Applicable

Zip
33135

Country
USA

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name *Flor De MARIA TREMINIO*
Street Address (P.O. Box Number is Not Acceptable)
801 NW 47 Ave APT 501 W
City *MIAMI* **FL** Zip Code *33126*

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1: Fee is \$150.00
After May 1: Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE *PD*
NAME *Flor De MARIA TREMINIO*
STREET ADDRESS *801 NW 47 Ave APT 501 W*
CITY-ST-ZIP *MIAMI FLA 33126*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE *STD*
NAME *EDDY A. DROZCO*
STREET ADDRESS *801 NW 47 Ave APT 501 W*
CITY-ST-ZIP *MIAMI FLA 33126*

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* *4/29/02*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #