


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90073 040 ***150.00

DOCUMENT # P00000019481

1. Entity Name
PERFUMILENIO CORP.



Principal Place of Business Mailing Address

1889 W. FLAGLER STREET 1889 W. FLAGLER STREET
 MIAMI, FL 33135 US MIAMI, FL 33135 US

DO NOT WRITE IN THIS SPACE



04242005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 65-0986704 Not Applicable

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

6. Name and Address of Current Registered Agent

DE MARIA TREMINIO, FLOR
~~801 NW 47TH AVE~~ 1040 NE 135 Street
~~APT 501W~~
~~MIAMI, FL 33126~~ N. Miami Fla 33161

DO NOT WRITE IN THIS SPACE

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, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DE MARIA TREMINIO, FLOR
STREET ADDRESS	801 NW 47 AVE APT 501 W 1040 NE 135 Street
CITY-ST-ZIP	MIAMI, FL 33126 N. Miami Fla 33161
TITLE	STD
NAME	OROZCO, EDDY A
STREET ADDRESS	801 NW 47TH AVE APT 501W 1040 NE 135 Street
CITY-ST-ZIP	MIAMI, FL 33126 N. Miami Fla 33161
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 04-26-05
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #