

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000019481

Entity Name: PERFUMILENIO CORP.

FILED
May 04, 2009
Secretary of State

Current Principal Place of Business:

1889 W. FLAGLER STREET
MIAMI, FL 33135 US

New Principal Place of Business:

Current Mailing Address:

1889 W. FLAGLER STREET
MIAMI, FL 33135 US

New Mailing Address:

FEI Number: 65-0986704

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DE MARIA TREMINIO, FLOR
1040 NE 135 STREET
N MIAMI, FL 33161 US

Name and Address of New Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DE MARIA TREMINIO, FLOR
Address: 1040 NE 135 STREET
City-St-Zip: N MIAMI, FL 33161

Title: STD () Delete
Name: OROZCO, EDDY A
Address: 1040 NE 135 STREET
City-St-Zip: MIAMI, FL 33161

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DE MARIA TREMINIO, FLOR
Address: 1040 NE 135 STREET
City-St-Zip: N MIAMI, FL 33161

Title: S (X) Change () Addition
Name: OROZCO, EDDY A
Address: 1040 NE 135 STREET
City-St-Zip: MIAMI, FL 33161

Title: T () Change (X) Addition
Name: TREMINIO, DORIAN
Address: 1040 NE 135 STREET
City-St-Zip: MIAMI, FL 33161

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: FLOR TREMINIO

P

05/04/2009

Electronic Signature of Signing Officer or Director

Date