FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 90291 024 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P.O. 10000299265

1. Entity Name

ELIXIR PERFUMES, INC

90125977

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
248 SE 1st Street	9131 SW 212 Terr.
Suite, Apt. #, etc. #239	Suite, Apt. #, etc.
City & State Miami	City & State Miami, FL
Zip 33131 County Miami Dade	Zip 33189 Country Miami Dade

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1088974 ☐ Applied For ☐ Not Applicable

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

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ DATE 04/29/03

Signature required for named registered agent and/or if applicable. (NOTE: Registered Agent signature required when marked.)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $400.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President JORGE P. CANO	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 04/29/03

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

Apr 29 03 09:21a GFH