


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000004959
1. Entity Name
PERFUMAX, INC



Principal Place of Business Mailing Address
**2319 NW 20TH ST.
MIAMI, FL 33142** **2319 NW 20TH ST.
MIAMI, FL 33142**



04292006 No Chg-F CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
74-3075863 Not Applicable

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

6. Name and Address of Current Registered Agent
**DESME, PERCY
2319 NW 20TH ST.
MIAMI, FL 33142**

**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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

**U00000551867
05/13/06-80118-001 150.00**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DESME, PERCY
STREET ADDRESS	15400 SW 99TH LANE
CITY - ST - ZIP	MIAMI, FL 33196
TITLE	D
NAME	DESME, HUGO
STREET ADDRESS	15894 KILMARNOCK DR.
CITY - ST - ZIP	MIAMI, FL 33014
TITLE	D
NAME	DESME, JORGE
STREET ADDRESS	13101 SW 85TH ST.
CITY - ST - ZIP	MIAMI, FL 33183
TITLE	D
NAME	DESME, CARLOS
STREET ADDRESS	3867 SOUTH MIAMI AVE., APT. 144
CITY - ST - ZIP	MIAMI, FL 33133
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 exemptions contained 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 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: _____ DATE _____ DAYTIME PHONE # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR