
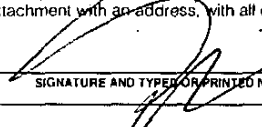


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90304 008 ***150.00

DOCUMENT # F03000006299 1. Entity Name DANA CLASSIC FRAGRANCES, INC.					
Principal Place of Business 6601 LYONS ROAD, STE. B-4 COCONUT CREEK, FL 33073			Mailing Address 470 OAKHILL RD. MOUNTAIN TOP, PA 18707		
2. Principal Place of Business 720 S. Powerline Rd. Suite, Apt. #, etc. Suite D City & State Deerfield Beach, FL Zip 33442		3. Mailing Address 395 Oak Hill Rd. Suite, Apt. #, etc. Suite 115 City & State Mountain Top, PA Zip 18707			
Country USA		Country USA		4. FEI Number 20-0441439	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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) Signature, typed or printed name of registered agent and title if applicable. DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP COHEN, ISAAC F 6601 LYONS ROAD, STE. B-4 COCONUT CREEK, FL 33073		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STE. B-6	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS COWGER, ALFRED R JR 6601 LYONS ROAD, STE. B-4 COCONUT CREEK, FL 33073		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STE. B-6	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOT MUELLER, WILLIAM J 380 ALEXANDRA CIRCLE WESTON, FL 33326		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CFO GINA ZAMARELLI 6601 LYONS ROAD, STE B-6 COCONUT CREEK, FL 33073	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO GRUSKIN, SCOTT 2111 ALAMANDA DRIVE MIAMI, FL 33181		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6601 LYONS ROAD, STE. B-6 COCONUT CREEK, FL 33073	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			Alfred R. Cowger, Jr. Executive Vice President, General Counsel & Secretary		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 3/15/05 Daytime Phone # 570-474-6540		

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03232005 Chg-P CR2E034 (10/03)