


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

07-18-2005 90040 021 ***158.75

DOCUMENT # F93000000094

1. Entity Name
 PARFUMS GIVENCHY WHD, INC.



Principal Place of Business
 20801 BISCAYNE BLVD, SUITE 300
 AVENTURA, FL 33180

Mailing Address
 19 EAST 57TH STREET
 NEW YORK, NY 10022 US



2. Principal Place of Business
 1200 Brickell Avenue
 Suite, Apt. #, etc.
 1500

3. Mailing Address
 Suite, Apt. #, etc.
 5th Floor

07052005 Chg-P CR2E034 (10/03)

City & State
 Miami, FL

City & State

Zip
 33180

Country

4. FEI Number
 65-0375360

Applied For
 Not Applicable

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

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

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

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

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CREVET, ALAIN <input checked="" type="checkbox"/> Delete 19 EAST 57TH STREET NEW YORK, NY 10022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SERRANO, MANUEL <input checked="" type="checkbox"/> Delete 19 EAST 57TH STREET NEW YORK, NY 10022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DURAND, THIERRY <input type="checkbox"/> Delete 20803 BISCAYNE BLVD., STE 103 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FIRESTONE, LOUISE <input type="checkbox"/> Delete 19 EAST 57TH STREET NEW YORK, NY 10022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LORENZO, ALAIN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 19 East 57th Street New York, NY 10022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1200 Brickell Avenue Miami, FL 33180
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"/> Change <input type="checkbox"/> Addition
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: L. Fresno
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/5/05
 Date Daytime Phone #