


**FILED**  
**Jan 16, 2007 8:00 am**  
**Secretary of State**

01-16-2007 90205 047 \*\*\*150.00

<b>DOCUMENT # F93000005723</b>					
1. Entity Name <b>PARLUX FRAGRANCES, INC.</b>					
Principal Place of Business <b>3725 S.W. 30TH AVENUE FT. LAUDERDALE, FL 33312 US</b>		Mailing Address <b>3725 S.W. 30TH AVENUE FT. LAUDERDALE, FL 33312 US</b>			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>	
<b>LEKACH, ILIA</b> <b>3725 S.W. 30TH AVENUE</b> <b>FT. LAUDERDALE, FL 33312</b>				Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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)					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE	D	<input type="checkbox"/> Delete	TITLE	ZEBEDE, JAYA KANER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS	3725 S.W. 30TH AVENUE		STREET ADDRESS	3725 S.W. 30TH AVENUE	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33312		CITY-ST-ZIP	FT. LAUDERDALE, FL 33312	
TITLE	SVD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUTTACAVOLI, FRANK		NAME		
STREET ADDRESS	3725 S.W. 30TH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE, FL 33312		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	PC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEKACH, ISAAC		NAME	LEKACH, ILIA	
STREET ADDRESS	3725 SW 30 AVE		STREET ADDRESS	3725 SW 30 AVE.	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33312		CITY-ST-ZIP	FORT LAUDERDALE, FL 33312	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHOUKROUN, ESTHER EGOZI		NAME		
STREET ADDRESS	3725 S.W. 30TH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOPMAN, GLEN		NAME	GOPMAN, GLENN	
STREET ADDRESS	3725 S.W. 30TH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STONE, DAVID		NAME		
STREET ADDRESS	3725 S.W. 30TH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312		CITY-ST-ZIP		
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: <u>Frank A Buttacavoli</u> 1/10/07      (954) 316-9008					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					