

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2008 8:00 am
Secretary of State

02-27-2008 90009 043 ***150.00

DOCUMENT # F93000005723		
1. Entity Name PARLUX FRAGRANCES, INC.		

Principal Place of Business 3725 S.W. 30TH AVENUE FT. LAUDERDALE, FL 33312 US	Mailing Address 3725 S.W. 30TH AVENUE FT. LAUDERDALE, FL 33312 US
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40033582



2. Principal Place of Business - No P.O. Box # 5900 North Andrews Ave Suite 500 City & State Ft. Lauderdale, FL Zip 33309 Country USA	3. Mailing Address 5900 North Andrews Ave Suite 500 City & State Ft. Lauderdale, FL Zip 33309 Country USA
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02142008 Chg-P CR2E034 (12/06)

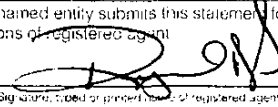
4. FEI Number 22-2562955	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LEKACH, ILIA 3725 S.W. 30TH AVENUE FT. LAUDERDALE, FL 33312
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7. Name and Address of New Registered Agent Name Raymond J. Bausis Street Address (P.O. Box Number is Not Acceptable) 5900 North Andrews Ave suite 500 City Ft Lauderdale FL Zip 33309
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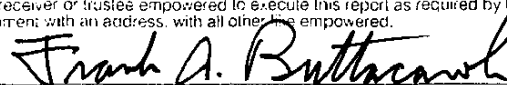
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  DATE: 2/14/08

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1:	
TITLE NAME STREET ADDRESS CITY ST ZIP D ZEBEDE, JAYA KADER 3725 S.W. 30TH AVENUE FT. LAUDERDALE, FL 33312 ☒ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP PC KATZ, NEIL 5900 North Andrews Ave Suite 500 Ft. Lauderdale, FL 33309 ☐ Change ☒ Addition	TITLE NAME STREET ADDRESS CITY ST ZIP SVD BUTTA CAVALI, FRANK 5900 North Andrews Ave Suite 500 Ft. Lauderdale, FL 33309 ☒ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY ST ZIP D D'AGOSTINO ANTHONY 5900 North Andrews Ave Suite 500 Ft. Lauderdale, FL 33309 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP SVD BUTTA CAVALI, FRANK 3725 S.W. 30TH AVENUE FT. LAUDERDALE, FL 33312 ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP D CHOUKROUN, ESTHER EGOZI 5900 North Andrews Ave Suite 500 Ft. Lauderdale, FL 33309 ☒ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY ST ZIP D GOPMAN, GLEN 3725 S.W. 30TH AVENUE FORT LAUDERDALE, FL 33312 ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP D CHOUKROUN, ESTHER EGOZI 5900 North Andrews Ave Suite 500 Ft. Lauderdale, FL 33309 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP PC LEKACH, ILIA 3725 SW 30 AVE FT. LAUDERDALE, FL 33312 ☒ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP D STONE, DAVID 3725 S.W. 30TH AVENUE FORT LAUDERDALE, FL 33312 ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP D GOPMAN, GLEN 5900 North Andrews Ave Suite 500 Ft. Lauderdale, FL 33309 ☒ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY ST ZIP D STONE, DAVID 5900 North Andrews Ave suite 500 Ft Lauderdale, FL 33309 ☒ Change ☐ Addition

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 the empowered.

SIGNATURE:  DATE: 2/14/08 (954) 316-4008