2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2008 8:00 am
Secretary of State
02-27-2008 90009 043 ***150.00

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DOCUMENT # F93000005723

1. Entity Name
PARLUX FRAGRANCES, INC.

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

02142008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
5900 North Andrews Ave	5900 North Andrews Ave
Suite, Apt. #, etc.: Suite 500	Suite, Apt. #, etc.: Suite 500
City & State: Ft. Lauderdale, Fl	City & State: Ft. Lauderdale, Fl
Zip: 33309 Country: USA	Zip: 33309 Country: USA

4. FEI Number 22-2562955 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LEKACH, ILIA 3725 S.W. 30TH AVENUE FT. LAUDERDALE, FL 33312	Name: RAYMOND J. BALSYS Street Address (P.O. Box Number is Not Acceptable): 5900 North Andrews Ave suite 500 City: Ft Lauderdale FL Zip Code: 33309

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: [signature] 2/14/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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

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	PC KATZ, NEIL 5900 North Andrews Ave Suite 500 Ft. Lauderdale, Fl 33309	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	SVD BUTTACAVOLI, FRANK 3725 S.W. 30TH AVENUE FT. LAUDERDALE, FL 33312	☐ Delete	SVP BUTTACAVOLI, FRANK 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	D D'AGOSTINO ANTHONY 5900 North Andrews Ave Suite 500 Ft. Lauderdale, Fl 33309	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D CHOUKROUN, ESTHER EGOZI 3725 S.W. 30TH AVENUE FORT LAUDERDALE, FL 33312	☐ Delete	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	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 3725 S.W. 30TH AVENUE FORT LAUDERDALE, FL 33312	☐ Delete	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 like empowered.

SIGNATURE: Frank A. Buttacavoli 2/14/08 (954)316-9008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Number