2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2009
Secretary of State

DOCUMENT# F93000005723

Entity Name: PARLUX FRAGRANCES, INC.

Current Principal Place of Business:

5900 NORTH ANDREWS AVE SUITE 500
FORT LAUDERDALE, FL 33309 US

New Principal Place of Business:

Current Mailing Address:

5900 NORTH ANDREWS AVE SUITE 500
FORT LAUDERDALE, FL 33309 US

New Mailing Address:

FEI Number: 22-2562955 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BAUSUS, RAYMOND J
5900 NORTH ANDREWS AVE SUITE 500
FORT LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

BALSYS, RAYMOND J
5900 NORTH ANDREWS AVE SUITE 500
FORT LAUDERDALE, FL 33309 US

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.

SIGNATURE: RAYMOND J. BALSYS 02/16/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PC ( ) Delete
Name: KATZ, NEIL
Address: 5900 N ANDREWS AVE SUITE 500
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: SVD ( ) Delete
Name: BUTTACAVOLI, FRANK
Address: 5900 NORTH ANDREWS AVE SUITE 500
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: D ( ) Delete
Name: D'AGOSTINO, ANTHONY
Address: 5900 NORTH ANDREWS AVE SUITE 500
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: D ( ) Delete
Name: CHOUKROUN, ESTHER EGOZI
Address: 5900 NORTH ANDREWS AVE SUITE 500
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: D ( ) Delete
Name: GOPMAN, GLEN
Address: 5900 NORTH ANDREWS AVE SUITE 500
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: D ( ) Delete
Name: STONE, DAVID
Address: 5900 NORTH ANDREWS AVE SUITE 500
City-St-Zip: FORT LAUDERDALE, FL 33309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAYMOND J. BALSYS CFO 02/16/2009
Electronic Signature of Signing Officer or Director Date