2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 24, 2004 8:00 am
Secretary of State
05-24-2004 90003 038 ***550.00

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1. Entity Name
DESIGNER FRAGRANCES & COSMETICS COMPANY

54055363

Principal Place of Business	Mailing Address
133 TERMINAL AVENUE CLARK, NJ 07066	133 TERMINAL AVENUE CLARK, NJ 07066

DO NOT WRITE IN THIS SPACE

05042004 No Chg-P CR2E034 (10/03)

4. FEI Number
22-3419910
☐ 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 32301-2525

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

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	CEO
NAME	AGON, JEAN-PAUL
STREET ADDRESS	575 FIFTH AVENUE
CITY-ST-ZIP	NEW YORK, NY 10017
TITLE	VCAD
NAME	DOLDEN, ROGER
STREET ADDRESS	575 FIFTH AVENUE
CITY-ST-ZIP	NEW YORK, NY 10017
TITLE	VGCS
NAME	SULLIVAN, JOHN D
STREET ADDRESS	575 FIFTH AVENUE
CITY-ST-ZIP	NEW YORK, NY 10017
TITLE	P
NAME	WISWALL, JOHN
STREET ADDRESS	575 FIFTH AVENUE
CITY-ST-ZIP	NEW YORK, NY 10017
TITLE	T
NAME	FISCHER, KENNETH
STREET ADDRESS	133 TERMINAL AVENUE
CITY-ST-ZIP	CLARK, NJ 07066
TITLE	AVAS
NAME	CORBETT, CHRISTOPHER J
STREET ADDRESS	575 FIFTH AVENUE
CITY-ST-ZIP	NEW YORK, NY 10017

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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: _____ Ken Fischer Treasurer; VP 5/7/04 (732)499-2675
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #