



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2008 8:00 am
Secretary of State

05-19-2008 90040 009 ***150.00

DOCUMENT # F99000005333 1. Entity Name DESIGNER FRAGRANCES & COSMETICS COMPANY									
Principal Place of Business 133 TERMINAL AVENUE CLARK, NJ 07066			Mailing Address 133 TERMINAL AVENUE CLARK, NJ 07066						
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		<div style="text-align: center;">40107017</div>  <div style="display: flex; justify-content: space-between; font-size: small;"> 04222008 Chg-P CR2E034 (12/06) </div> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 2px;">4. FEI Number 22-3419910</td> <td style="width: 20%; padding: 2px;">Applied For Not Applicable</td> </tr> <tr> <td colspan="2" style="padding: 2px;">5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</td> </tr> </table>		4. FEI Number 22-3419910	Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
4. FEI Number 22-3419910	Applied For Not Applicable								
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required									
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>									
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees							
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11						
TITLE	CEOP ATTAL, LAURENT 575 FIFTH AVENUE NEW YORK, NY 10017	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME			NAME						
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE	VCAD DOLDEN, ROGER 575 FIFTH AVENUE NEW YORK, NY 10017	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME			NAME						
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE	VGCS SULLIVAN, JOHN D 575 FIFTH AVENUE NEW YORK, NY 10017	<input checked="" type="checkbox"/> Delete	TITLE	SVP, Finance + Controlling Legrain, Arnault 575 Fifth Avenue New York, NY 10017	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME			NAME						
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE	VPT RABINOWITZ, ROY 133 TERMINAL AVE CLARK, NJ 07066	<input type="checkbox"/> Delete	TITLE	SVP- Finance + Assistant Secretary Rabinowitz, Roy 133 Terminal Avenue Clark, NJ 07066	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME			NAME						
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE	T GEIGER, HOWIE 515 FIFTH AVE NEW YORK, NY 10017	<input checked="" type="checkbox"/> Delete	TITLE	Treasurer Elvedt, Anthony 133 Terminal Avenue Clark, NJ 07066	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME			NAME						
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE	AVAS CORBETT, CHRISTOPHER J 11 TERMINAL AVE CLARK, NJ 07066	<input type="checkbox"/> Delete	TITLE	VP and Assistant Secretary Corbett, Christopher J. 111 Terminal Avenue Clark, NJ 07066	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME			NAME						
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			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: _____			Roy Rabinowitz 4/22/08 732-499-2800						
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>									