2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # K09544

1. Entity Name
LORRAINE PERFUME CO., INC.

Principal Place of Business	Mailing Address
32 NE 1ST AVENUE HALLANDALE, FL 33009	32 NE 1ST AVENUE HALLANDALE, FL 33009

DO NOT WRITE IN THIS SPACE

01222004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0038399
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

COHEN, LOUIS
32 NE 1ST AVENUE
HALLANDALE, FL 33009

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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 $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	COHEN, LOUIS
STREET ADDRESS	32 NE 1ST AVENUE
CITY-ST-ZIP	HALLANDALE, FL
TITLE	V
NAME	MESSIER, MARNIE
STREET ADDRESS	32 NE 1ST AVENUE
CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE	T
NAME	COHEN, NETTY
STREET ADDRESS	32 NE 1ST AVENUE
CITY-ST-ZIP	HALLANDALE, FL
TITLE	S
NAME	SPACEK, LORRAINE
STREET ADDRESS	32 NE 1ST AVENUE
CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Nettie Cohen - NETTIE COHEN - T 1/28/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #