


2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

Amended

05 JUN 13 PM 4:35

DATE
FILED
HALLANDALE

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|---|---|--|---|--|--|
| DOCUMENT # K09544 | | | |  | |
| 1. Entity Name LORRAINE PERFUME CO., INC. | | | | | |
| Principal Place of Business 32 NE 1ST AVENUE HALLANDALE, FL 33009 | | | Mailing Address 32 NE 1ST AVENUE HALLANDALE, FL 33009 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 65-0038399 | |
| | | | | 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 | | | 7. Name and Address of New Registered Agent | | |
| COHEN, LOUIS 32 NE 1ST AVENUE HALLANDALE, FL 33009 | | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Amended AR is \$61.25 | | 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 NAME STREET ADDRESS CITY-ST-ZIP | PD COHEN, LOUIS 32 NE 1ST AVENUE HALLANDALE, FL | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MESSIER, MARNIE 32 NE 1ST AVENUE HALLANDALE, FL 33009 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | S 300056267153 06/16/05--01060--014 **61.25 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T COHEN, NETTY 32 NE 1ST AVENUE HALLANDALE, FL | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | T Nettie Cohen 32 NE 1st Ave Hallandale, FL 33009 VP |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S SPACEK, LORRAINE 32 NE 1ST AVENUE HALLANDALE, FL 33009 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V1 [Blank] | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | V1 DARYL COHEN 32 NE 1st Ave HALLANDALE, FL 33009 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | [Blank] | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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: <u>Nettie Cohen - NETTIE COHEN - TREAS.</u> | | | Date: <u>6/3/05</u> Daytime Phone #: <u>954-858-1801</u> | | |

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