

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # K71895

1. Entity Name
FRAGRANCE'S MART, INC.



Principal Place of Business Mailing Address
145 E. FLAGLER ST. 3 RD. FLOOR
SUITE C-5
MIAMI, FL 33131 US **145 E. FLAGLER ST. 3 RD. FLOOR**
SUITE C-10
MIAMI, FL 33131 US

2. Principal Place of Business 3. Mailing Address

145 E. Flagler St.
 Suite, Apt. #, etc.
3rd Floor Suite C-10

City & State
Miami FL

Zip *33131* Country *USA* Zip Country

6. Name and Address of Current Registered Agent

MORYOUSEFF, SIMON
 2245 NE 207 STREET
 NORTH MIAMI, FL 33180

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing
 Trust Fund Contribution. **\$5.00** May Be
 Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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:

**FILED
Apr 26, 2006 8:00 am
Secretary of State**

04-26-2006 90206 006 ***150.00



04242006 Chg-P CR2E034 (11/05)