

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT.**

FILED
May 26, 2005 8:00 am
Secretary of State

04-29-2005 90040 023 ****50.00

DOCUMENT # L04000025690 1. Entity Name PERFUME KINGDOM, LLC					
Principal Place of Business 223 E. FLAGLER ST. MIAMI, FL 33131			Mailing Address 223 E. FLAGLER ST. MIAMI, FL 33131		
2. Principal Place of Business <input checked="" type="checkbox"/> 223 E. FLAGLER ST. Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent VALENZANO, OMAIRA C/O ALLAN DOYLE, CPA 175 FONTAINEBLEAU BLVD., STE 1-B MIAMI, FL 33172			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
Filing Fee is \$50.00 Due by May 1, 2005				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MACHABANSKI, EZEQUIEL 9420 W. BAY HARBOUR DR., APT #4 BAL HARBOUR, FL 33154 <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	MGR MACHABANSKI, JOSE 9420 W. BAY HARBOUR DR., APT #4 BAL HARBOUR, FL 33154 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <u><i>Blaniel Machabanski</i></u> <small>SIGNATURE AND TITLE OR PRINTED NAMES OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<u>04/25/05</u> <u>305-416-5082</u> <small>Date Daytime Phone #</small>		

