# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/1

**FILED**
**Apr 26, 2006 8:00 am**
**Secretary of State**
04-13-2006 90038 011 ****55.00

DOCUMENT # L05000004449

1. Entity Name
PERFUME MARKET, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 223 EAST FLAGLER STREET, M-1<br>MIAMI, FL 33178 | 223 EAST FLAGLER STREET, M-1<br>MIAMI, FL 33178 |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 3071 NW 107th Ave. | 3071 NW 107th Ave |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Miami, FL | City & State: Miami, FL |
| Zip: 33172 Country: MI | Zip: 33172 Country: Mia-Dade |

04062006 Chg-LLC CR2E083 (11/05)

4. FEI Number: 20-2327546 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| CUEVAS, ANDREW ESQ.<br>536 BILTMORE WAY<br>CORAL GABLES, FL 33134 | Name: Susana Baguear<br>Street Address (P.O. Box Number is Not Acceptable)<br>1155 Brickell Bay Dr. #1206<br>City: Miami FL Zip Code: 33131 |

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

**Filing Fee is $50.00**
**Due by May 1, 2006**

**Make check payable to Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>BAGUEAR, SUSANA<br>223 EAST FLAGLER STREET, M-1<br>MIAMI, FL 33178 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>Susana Baguear<br>3071 NW 107 Ave.<br>Miami, FL 33172 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>POMBO, ALEJANDRA<br>223 EAST FLAGLER STREET, M-1<br>MIAMI, FL 33178 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>Pombo, Alejandra<br>3071 NW 107th Ave.<br>Miami, FL 33172 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>Pombo Martin<br>3071 NW 107th Ave.<br>Miami, FL 33172 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
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| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

11. 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 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.

X
**SIGNATURE:** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #