

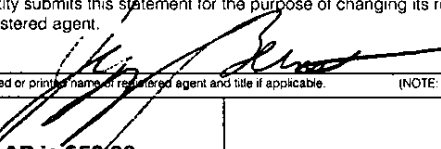
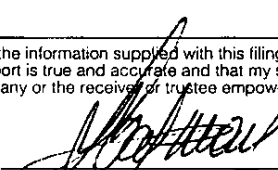


2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 OCT 23 AM 10:28

DOCUMENT # L05000004449 1. Entity Name PERFUME MARKET, LLC					
Principal Place of Business 223 EAST FLAGLER STREET, M-1 MIAMI, FL 33178			Mailing Address 223 EAST FLAGLER STREET, M-1 MIAMI, FL 33178		
2. Principal Place of Business 3071 N.W. 107 Avenue Suite, Apt. #, etc.		3. Mailing Address 100 N. Biscayne Blvd. Suite, Apt. #, etc. Suite 1001		 10132006 Chg-LLC CR2E083 (11/05)	
City & State Doral, FL		City & State Miami, FL			
Zip 33172		Country USA			
4. FEI Number 20-2327546		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CUEVAS, ANDREW ESQ. 536 BILTMORE WAY CORAL GABLES, FL 33134			7. Name and Address of New Registered Agent Name JEFFREY A. BERNSTEIN, ESQ. Street Address (P.O. Box Number is Not Acceptable) 100 N. Biscayne Blvd. Suite 1001 City Miami FL Zip Code 33132		
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 10/19/01 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Amended AR is \$50.00		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BAGUEAR, SUSANA 223 EAST FLAGLER STREET, M-1 MIAMI, FL 33178	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM POMBO, ALEJANDRA 223 EAST FLAGLER STREET, M-1 MIAMI, FL 33178	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BAGUEAR, Susana 3071 N.W. 107 Avenue Miami, FL 33172	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR POMBO, Alejandra 3071 N.W. 107 Avenue Miami, FL 33172	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR POMBO, Martin 3071 N.W. 107 Avenue Miami, FL 33172	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR POMBO, Martin 3071 N.W. 107 Avenue Miami, FL 33172	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR POMBO, Martin 3071 N.W. 107 Avenue Miami, FL 33172	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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.					
SIGNATURE:  SUSANA V. BAGUEAR DATE 10/19/01 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					