

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90073 040 ***150.00

DOCUMENT # P00000019481

1. Entity Name
PERFUMILENIO CORP.



Principal Place of Business
**1889 W. FLAGLER STREET
MIAMI, FL 33135 US**

Mailing Address
**1889 W. FLAGLER STREET
MIAMI, FL 33135 US**



04242005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0986704

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DE MARIA TREMINIO, FLOR
801 NW 47TH AVE. 1040 NE 135 Street
APT. 501W
MIAMI, FL 33126 N. Miami, FL 33161

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PD**
NAME **DE MARIA TREMINIO, FLOR**
STREET ADDRESS **801 NW 47 AVE. APT. 501W 1040 NE 135 Street**
CITY-ST-ZIP **MIAMI, FL 33126 N. Miami, FL 33161**

TITLE **STD**
NAME **OROZCO, EDDY A**
STREET ADDRESS **801 NW 47TH AVE. APT. 501W 1040 NE 135 Street**
CITY-ST-ZIP **MIAMI, FL 33126 N. Miami, FL 33161**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-26-05

Date Daytime Phone #