2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000019481

City-St-Zip:

FILED May 04, 2009 Secretary of State

Entity Name: PERFUMILENIO CORP. **Current Principal Place of Business: New Principal Place of Business:** 1889 W. FLAGLER STREET MIAMI, FL 33135 US **Current Mailing Address: New Mailing Address:** 1889 W. FLAGLER STREET MIAMI, FL 33135 FEI Number: 65-0986704 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DE MARIA TREMINIO, FLOR 1040 NE 135 STREET N MIAMI, FL 33161 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. SIGNATURE: Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition DE MARIA TREMINIO, FLOR DE MARIA TREMINIO, FLOR Name: Name: 1040 NE 135 STREET 1040 NE 135 STREET Address: Address: City-St-Zip: N MIAMI, FL 33161 City-St-Zip: N MIAMI, FL 33161 Title: STD Title: (X) Change () Addition () Delete OROZCO, EDDY A Name: OROZCO, EDDY A Name: 1040 NE 135 STREET Address: 1040 NE 135 STREET Address: MIAMI, FL 33161 MIAMI, FL 33161 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change (X) Addition Name: TREMINIO, DORIAN Name: 1040 NE 135 STREET Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

MIAMI, FL 33161

SIGNATURE: FLOR TREMINIO P 05/04/2009