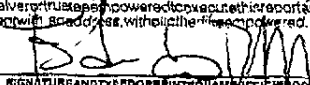


FILED

May 03, 2004 08:00 AM
Secretary of State2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT# P00000020461		
1. Entity Name PERFECTSCENTS, INC.		
Principal Place of Business 8459 N.W. 69 STREET MIAMI, FL 33166		Mailing Address 8459 N.W. 69 STREET MIAMI, FL 33166
DO NOT WRITE IN THIS SPACE		
5. Name and Address of Current Registered Agent RODRIGUEZ, EDUARDO 8459 N.W. 68TH STREET MIAMI, FL 33166		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 type a, b, or c; attach name and address of agent on file of applicable) (NOTC Registered Agent's signature verified when) (Initials) DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	DP	DO NOT WRITE IN THIS SPACE
NAME	MARTIN, JOSEM	
STREET ADDRESS	8459 N.W. 69 STREET	
CITY - ST - ZIP	MIAMI, FL 33166	
TITLE	DS	
NAME	RODRIGUEZ, EDUARDO	
STREET ADDRESS	8459 N.W. 69 STREET	
CITY - ST - ZIP	MIAMI, FL 33166	
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath. That a member or director of the corporation or the local verified trustee is empowered to execute this report as required by Chapter 507, Florida Statutes, and changed, or generated in accordance with the power.		
SIGNATURE: 		DATE: 4/29/04
SIGNATURE AND TYPE OF PRINTED NAME OFS: CHIEF OFFICER/DIRECTOR		DATE: _____

U08000151681
05/04/04-80050-024 150.00

04292004 NoChg-P CR2E004(10/03)

4. FEI Number
36-4385619
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required