FILED
May 03, 2004 08:00 AM
Secretary of State

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000020461

1. EntityName
PERFECTSCENTS,INC.

U00000151681
05/04/04-80050-024 150.00

PrincipalPlaceofBusiness	MailingAddress
8459 N.W. 69 STREET MIAMI, FL 33166	8459 N.W. 69 STREET MIAMI, FL 33166

04292004 NoChg-P CR2E034(10/03)

DO NOT WRITE IN THIS SPACE

4. FEINumber
36-4385619
Applied For ☐ Not Applicable ☐

5. CertificateofStatusDesired ☐ $8.75 Additional Fee Required

5. NameandAddressofCurrentRegisteredAgent

RODRIGUEZ,EDUARDO
8459N.W.68THSTREET
MIAMI,FL33166

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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
Signature, type or print name of registered agent, and title if applicable. NOTE: If registered agent is signing, signature is required above.

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
NAME	MARTIN,JOSEM
STREET ADDRESS	8459N.W.69STREET
CITY-ST-ZIP	MIAMI,FL33166
TITLE	DS
NAME	RODRIGUEZ,EDUARDO
STREET ADDRESS	8459N.W.69STREET
CITY-ST-ZIP	MIAMI,FL33166
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: _____ 4/29/04
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AND TITLE OF OFFICER OR DIRECTOR — DATE — Daytime Phone #