

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 16, 2004 8:00 am**  
**Secretary of State**

07-16-2004 90006 005 \*\*\*150.00

**DOCUMENT # P00000026656**



1. Entity Name  
**DESIGNER FRAGRANCE WHOLESALE, INC.**

Principal Place of Business  
**2360 N DIXIE HWY  
HOLLYWOOD, FL 33020**

Mailing Address  
**2360 N DIXIE HWY  
HOLLYWOOD, FL 33020**

**54062646**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03032004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number  
**65-0999192**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEVY, MICHAEL  
2750 N. 34TH AVE., #A  
HOLLYWOOD, FL 33021**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

*Michael Levy*

Signature, typed or printed name of registered agent and date it is applied.

(NOTE: Registered Agent signature required when reinstating)

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 **P** ☐ Delete  
NAME **LEVY, MICHAEL M**  
STREET ADDRESS **2360 N DIXIE HWY**  
CITY-ST-ZIP **HOLLYWOOD, FL 33020**

TITLE **VP** ☐ Delete  
NAME **SIEGEL, EDWARD J**  
STREET ADDRESS **2360 N DIXIE HWY**  
CITY-ST-ZIP **HOLLYWOOD, FL 33020**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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)(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:

*Michael Levy*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Attachment*

*524062646*

**DESIGNER FRAGRANCE WHOLESALE**

July 14, 2004

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

To whom it may concern,

Please be advised that, to our knowledge we did not receive a notice to pay for the corporation renewal fee, possibly because we are at a new address (see attached) since August 2003. Please do not dissolve and accept our payment of \$150.00 for renewal.

Sincerely,



Michael Levy  
President  
Designer Fragrance Wholesale, Inc.

Attachment

54062646



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
Glenda E. Hood  
DIVISION OF CORPORATIONS  
P.O. Box 6327  
Tallahassee, Florida 32314

First-Class Mail  
U.S. Postage  
**PAID**  
State of Florida  
84321

## NOTICE OF INTENT TO DISSOLVE

0039428 01 AV 0.176 \*\*AUTO T4 D 1203 33020-673612



DESIGNER FRAGRANCE WHOLESale, INC.  
250 N DIXIE HWY UNIT 12  
HOLLYWOOD FL 33020-6736

Do NOT  
Dissolve

NEW ADDRESS

### To receive the form by mail:

- Detach this postcard.
- Enter address to mail report to, if different from preprinted mailing address.
- Affix postage on reverse side and mail.
- Allow 10-14 business days to receive form.

Document # P00000026656

Mail Report to:

DESIGNER FRAGRANCE WHOLESale, INC.  
250 N DIXIE HWY UNIT 12  
HOLLYWOOD FL 33020-6736

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CR2E095 4/04

TO OPEN: FOLD AND TEAR ALONG DOTTED LINE, THEN PULL APART.