



**FILED**

**Apr 30, 2008 08:00 AM**  
**Secretary of State**

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

<b>DOCUMENT # P00000027828</b>		
1. Entity Name CLI FRAGRANCES, INC.		
Principal Place of Business 13361 NE 17TH AVE MIAMI, FL 33181		Mailing Address 13361 NE 17TH AVE MIAMI, FL 33181
<b>DO NOT WRITE IN THIS SPACE</b>		
		<b>(P00000027828P)</b>
		04292008 No Chg-P CR2E034 (11/05)
4. FEI Number 65-1000766		Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent  ABRAMSON, EDWARD J ESQ. 7270 N.W. 12TH STREET SUITE 580 MIAMI, FL 33126		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD LEROUX, CHRISTIAN 3201 NE 183RD ST APT 2006 NORTH MIAMI BEACH, FL 33160	<b>DO NOT WRITE IN THIS SPACE</b>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 employees.		
SIGNATURE:		Date: April 29, 08 305 899 9896
<small>SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>

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05/27/08-80078-002 198.75