

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Apr 27, 2005 8:00 am
Secretary of State**

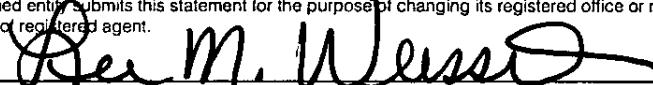
04-27-2005 90285 034 ***150.00

DOCUMENT # P01000111644		
1. Entity Name SOUTHERN FRAGRANCE OF PLANTATION, INC.		

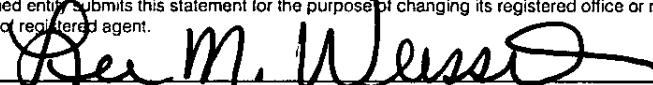
Principal Place of Business 250 SOUTH UNIVERSITY DR PLANTATION, FL 33322	Mailing Address 600 THREE ISLANDS BLVD., #409 HALLANDALE, FL 33009
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2. Principal Place of Business	3. Mailing Address 250 S. UNIVERSITY DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State PLANTATION, FL
Zip	Zip 33324
Country	Country USA

6. Name and Address of Current Registered Agent DADE COUNTY CORPORATE AGENTS, INC. 20801 BISCAYNE BLVD., SUITE 305 AVENTURA, FL 33180
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SIGNATURE 	Name LEE WEISSMAN
Signature, typed or printed name of registered agent and title if applicable.	Street Address (P.O. Box Number is Not Acceptable) 6530 S.W. 41 COURT
	City DAVIE
	FL Zip Code 33313

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 

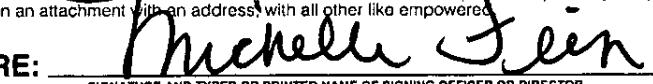
(NOTE: Registered Agent signature required when reinstating)

DATE 4/25/05

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PTD NAME WARTHAFIS, MICHELLE STREET ADDRESS 600 THREE ISLANDS BLVD., #409 CITY-ST-ZIP HALLANDALE, FL 33009	<input type="checkbox"/> Delete MARRIED NAME →	TITLE P.T. D NAME FEIN, MICHELLE JO STREET ADDRESS 250 S. UNIVERSITY DR CITY-ST-ZIP PLANTATION, FL 33324	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VSD NAME FINE, CARLA STREET ADDRESS 600 THREE ISLANDS BLVD., #409 CITY-ST-ZIP HALLANDALE, FL 33009	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/05

Date Daytime Phone #