


# 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 <del>600 THREE ISLANDS BLVD., #409</del> <del>HALLANDALE, FL 33009</del>		
2. Principal Place of Business		3. Mailing Address <b>250 S. UNIVERSITY DR</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>PLANTATION, FL</b>			
Zip	Country	Zip <b>33324</b>	Country <b>USA</b>	4. FEI Number <b>65-1155812</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <del>DADE COUNTY CORPORATE AGENTS, INC.</del> <del>20801 BISCAYNE BLVD., SUITE 505</del> <del>AVENTURA, FL 33180</del>			7. Name and Address of New Registered Agent Name <b>LEE WEISSMAN</b> Street Address (P.O. Box Number is Not Acceptable) <b>6330 S.W. 41 COURT</b> City <b>DAVIE</b> FL Zip Code <b>33313</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 <u><i>Lee M. Weissman</i></u> DATE <b>4/25/05</b> <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, 2005 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD <del>WARRINGTON, MICHELLE</del> <b>MARRIED NAME</b> <input type="checkbox"/> Delete <del>600 THREE ISLANDS BLVD., #409</del> <del>HALLANDALE, FL 33009</del>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>P, T, D</b> <b>FEIN, MICHELLE JO</b> <b>250 S. UNIVERSITY DR</b> <b>PLANTATION, FL 33324</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD <input checked="" type="checkbox"/> Delete <b>FINE, CARLA</b> <b>600 THREE ISLANDS BLVD., #409</b> <b>HALLANDALE, FL 33009</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 a 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: <u><i>Michelle Fein</i></u> DATE <b>4/25/05</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					