

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 23, 2006 08:00 AM
Secretary of State**

DOCUMENT # P01000116724

1. Entity Name
ALFREDO'S PERFUMES & COSMETICS, INC.



Principal Place of Business

**8498 D SW CORAL WAY
MIAMI, FL 33155**

Mailing Address

**8498 D SW CORAL WAY
MIAMI, FL 33155**

DO NOT WRITE IN THIS SPACE



01162006 No Chg-P CR2E034 (11/05)

4. FEI Number
22-3850320

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MANZUR, ALFRED
14535 SW 97 AVE.
MIAMI, FL 33176**

**DO NOT WRITE
IN THIS SPACE**

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:

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**1000000397732
01/30/06-80057-024 150.00**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MANZUR, ALFRED
STREET ADDRESS	14535 SW 97 AVE.
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	V
NAME	MANZUR-ABDALA, MARTHA
STREET ADDRESS	11425 SW 41 ST.
CITY-ST-ZIP	MIAMI, FL 33165
TITLE	T
NAME	MANZUR-ABDALA, ALFREDO
STREET ADDRESS	11425 SW 41 ST.
CITY-ST-ZIP	MIAMI, FL 33165
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 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 empowered.

SIGNATURE: **ALFREDO MANZUR**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/06

Date

305559-6809

Daytime Phone #