#### 2006 FOR PROFIT CORPORATION ANNUAL REPORT

### DOCUMENT # P01000116724

1. Entity Name

ALFREDO'S PERFUMES & COSMETICS, INC.



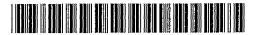
**FILED** Jan 23, 2006 08:00 AN **Secretary of State** 

Principal Place of Business

Mailing Address

8498 D SW CORAL WAY MIAMI, FL 33155

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## DO NOT WRITE IN THIS SPACE

01162006 No Chg-P CR2E034 (11/05)

Applied For 4. FEI Number 22-3850320 Not Applicable \$8.75 Additional

5. Certificate of Status Desired

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

	named entity submits this statement for the plions of registered agent.	urpose of changing its registered of	fice or re	egistered agent, or bot	th, in the State of Florida. I am familiar with, and accept
SIGNATURE:	Signature, typed or printed name of registered agent and title	if applicable. (NOTE, Registered Ager	nt signature	required when reinstating)	DATE
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Financing     Trust Fund Contribution.		\$5.00 May Be Added to Fees	1/00000397732 01/30/06-80057-024 150.00
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MANZUR, ALFRED 14535 SW 97 AVE. MIAMI, FL 33176				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MANZUR-ABDALA, MARTHA 11425 SW 41 ST. MIAMI, FL 33165				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MANZUR-ABDALA, ALFREDO 11425 SW 41 ST. MIAMI, FL 33165		DO NOT WRITE		
TITLE NAME				IN T	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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME .

STREET ADDRESS CITY-ST-7IP

ALFREDO MANZUR
DAURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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