2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

P02000041894

DOCUMENT#



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FILED May 29, 2003 8:00 am Secretary of State 05-05-2003 90162 019 ***150.00

SONIA'S SCENTS INC.											
Principal Place of Business 901 SOUTH FEDERAL HWY. #300 FT. LAUDERDALE FL 33316			Mailing Address 901 SOUTH FEDERAL HWY. #300 FT. LAUDERDALE FL 33316			_			AAAZ	T U U U	
3. Brigariani B	llace of Busin	, and a second	3. Mailing Address			_					
2. Principal Place of Business			3. Maining Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					_
City & State			City & State		(35	Number 12 8	1169) H	Applied For Not Applicable		
Zip	Zip Country		Zip	Cour	ntry 	5. 0	ertificate of Status [Desired	\$8.75 / Fee Regu		
	6. Name	and Address of Current F	legistered Agent	-		7 Na	me and Address	ol New Registe	red Agent		<u>.</u>
KI EMANI	EVAN M				-Name	,4,	•				
KLEIMAN, EVAN M 901 SOUTH FEDERAL HWY. #300					Street Address	ss (P.O. Box Number is Not Acceptable)]
FT. LAUDERDALE FL 33316											_
					City				FL Zip C	ode	-
8. The above	named entit	y submits this statement for	the purpose of changing its	register	ed office or registe			ate of Florida. I	am familiar wi	h, and accept	1
the obligat	ions of regist	ered agent.		\supset		מאקי	4 2G,	7-13003			
SIGNATURE .	Signature: Typed	or printed name of registered agent a	nd title if applicable. (NOTI	: Rogistere	d Agant signature require	ed when reins	·		NE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State							9. Election Cam Trust Fund Co			.00 May Be led to Fees	
10.	-	•									4
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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 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

HE AND TYPED OR PRINTED NAME OF SIGHING OFFICER OR DIRECTOR