



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90060 049 ***150.00

DOCUMENT # P03000013397					
1. Entity Name SCENT SENSUAL LINKS, INC.					
Principal Place of Business 6001 N OCEAN DRIVE PH 4 HOLLYWOOD, FL 33021			Mailing Address 6001 N OCEAN DRIVE PH 4 HOLLYWOOD, FL 33021		
2. Principal Place of Business 6001 N. OCEAN DR PH 4 City & State: HOLLYWOOD FL Zip: 33019		3. Mailing Address c/o ALAN GILMAN, CPA PC P.O. Box 023320 GPO City & State: BROOKLYN NY Zip: 11202-3320			
03122004 Chg-P CR2E034 (10/03)		4. FEI Number 02-0676099		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent BLUTSTEIN, GEORGE J 4700-B SHERIDAN STREET HOLLYWOOD, FL 33021	
7. Name and Address of New Registered Agent Name: SOPHIA GROSSMAN Street Address (P.O. Box Number is Not Acceptable): 6001 N. OCEAN DRIVE PH 4 City: HOLLYWOOD FL Zip Code: 33019				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: <i>Sophia Grossman</i> PRES DATE: 4/16/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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	D GROSSMAN, SOPHIE 6001 N OCEAN DR PH 4 HOLLYWOOD, FL 33019	<input type="checkbox"/> Delete			
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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 10 or Block 11 if changed, or on an attachment with an address, with all other life empowered.					
SIGNATURE: <i>Sophia Grossman</i> PRES DATE: 4/16/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					