## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P03000032849**

1. Entity Name

PERFUME COLLECTION NO. 2 INC.



FILED Apr 17, 2008 08:00 A Secretary of State

Principal Place of Business

6666 ALISO AVE

WEST PALM BEACH, FL 33413

Mailing Address

6666 ALISO AVE

WEST PALM BEACH, FL 33413



DO NOT WRITE IN THIS SPACE

03122008 No Chg-P

CR2E034 (11/05)

4. FEI Number 72-1560137

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OINOUNOU, AVRAHAM 6666 ALISO AVE WEST PALM BEACH, FL 33413

## DO NOT WRITE IN THIS SPACE

VVEST PALM BEACH, FL 33413			IN THIS SPACE		
	e named entity submits this statement for the p tions of registered agent.	urpose of changing its register	red office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and ac	cept
SIGNATURE	Signature, typed or printed name of registered agent and title if	epplicable (NOTE Register	ed Agent signature required when reinstaling)	OATE	-
FIL After Ma	.E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution.			
10.	OFFICERS AND DIREC	TORS	The state of the state of	กัด และเกิดตัดตัดตัดตัดตัดตัดตัดตัดตัดตัดตัดตัดตัด	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN The state of th	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

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 cath, 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

A (RANDA O LO VO V SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/08

16- 42 3372

Davime Phone #