


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90016 017 ***150.00

DOCUMENT # P03000121825					
1. Entity Name PERFUMALL, INC.					
Principal Place of Business 6601 LYONS RD., STE. H5 COCONUT CREEK, FL 33073			Mailing Address 6601 LYONS RD., STE. H5 COCONUT CREEK, FL 33073		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GAL, BEN 6601 LYONS RD., STE. H5 COCONUT CREEK, FL 33073				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
DATE _____					
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		TITLE	NAME	
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
	Delete <input type="checkbox"/>			Change <input type="checkbox"/> Addition <input type="checkbox"/>	
	GAL, BEN				
	6601 Lyons Rd				
	Coconut Creek FL 33073				
	Delete <input type="checkbox"/>			Change <input type="checkbox"/> Addition <input type="checkbox"/>	
	LION, RON				
	6601 Lyons Rd				
	Coconut Creek FL 33073				
	Delete <input type="checkbox"/>			Change <input type="checkbox"/> Addition <input type="checkbox"/>	
	Delete <input type="checkbox"/>			Change <input type="checkbox"/> Addition <input type="checkbox"/>	
	Delete <input type="checkbox"/>			Change <input type="checkbox"/> Addition <input type="checkbox"/>	
	Delete <input type="checkbox"/>			Change <input type="checkbox"/> Addition <input type="checkbox"/>	

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01152004 Chg-P CR2E034 (10/03)

4. FEI Number **56-2410873** Applied For ☐ Not Applicable ☐

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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 like empowered.