2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE

SIGNATURE AND TYPED OR PR

AME OF SIGNING OFFICER OR DIRECTOR

May 01, 2008 8:00 am Secretary of State 05-01-2008 90181 014 ***150.00 **DOCUMENT # P03000121825** 1. Entity Name PERFUMALL, INC. **60035587** Principal Place of Business Mailing Address 6601 LYONS RD., STE, G-7 6601 LYONS RD., STE. G-7 COCONUT CREEK, FL 33073 COCONUT CREEK, FL 33073 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 01282008 Chg-P Applied For City & State City & State 4. FEI Number 56-2410873 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GAL, BEN 6601 LYONS RD., STE. G-7 Street Address (P.O. Box Number is Not Acceptable) COCONUT CREEK, FL 33073 City 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. Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete TITLE ☐ Change ☐ Addition TITLE GAL, BEN NAME NAME 6601 LYONS RD., STE. G-7 STREET ADDRESS STREET ADDRESS COCONUT CREEK, FL 33073 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition LIVNI, RON NAME NAME 6601 LYONS RD., STE. G-7 STREET ADDRESS STREET ADDRESS COCONUT CREEK, FL 33073 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Oelete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-ST-7IP 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 other like empowered.

FILED

Daytime Phone