


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90313 028 \*\*\*150.00

<b>DOCUMENT # P04000028645</b> 1. Entity Name <b>EXTRA PERFUME INC.</b>			
Principal Place of Business <b>791 N. PINE ISLAND ROAD, #304</b> <b>PLANTATION, FL 33324</b>		Mailing Address <b>791 N. PINE ISLAND ROAD, #304</b> <b>PLANTATION, FL 33324</b>	
2. Principal Place of Business <b>8719 NW 3rd CT</b> Suite, Apt. #, etc.		3. Mailing Address <b>8719 NW 3rd CT</b> Suite, Apt. #, etc.	
City & State <b>PLANTATION FL</b> Zip Country <b>33324 BROWARD</b>		City & State <b>PLANTATION FL</b> Zip Country <b>33324 BROWARD</b>	
4. FEI Number <b>87-0720798</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>FITOUSSI, EYAL</b> <b>791 N. PINE ISLAND ROAD, #304</b> <b>PLANTATION, FL 33324</b>		7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	P FITOUSSI, EYAL <del>791 N. PINE ISLAND ROAD, #304</del> PLANTATION, FL 33324	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>8719 NW 3rd CT</b> <b>PLANTATION FL 33324</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 like empowered.			
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<b>4/12/05</b> <b>(954) 224-9122</b> Date Daytime Phone #	