
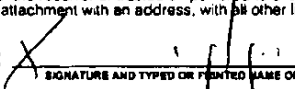


FILED
Aug 20, 2007 8:00 am
Secretary of State

07-17-2007 90109 043 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000032142		
1. Entity Name PERFUMALL V, INC.		
Principal Place of Business 6601 LYONS ROAD SUITE G-7 COCONUT CREEK, FL 33073		Mailing Address 6601 LYONS ROAD SUITE G-7 COCONUT CREEK, FL 33073
DO NOT WRITE IN THIS SPACE		
		07092007 No Chg-P CR2E034 (11/05)
4. FEI Number 20-0743217		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 GAL, BEN 6601 LYONS ROAD SUITE G-7 COCONUT CREEK, FL 33073		DO NOT WRITE IN THIS SPACE
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 reappointing)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GAL, BEN 6601 LYONS ROAD SUITE G-7 COCONUT CREEK, FL 33073	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LIVNI, RON 6601 LYONS ROAD SUITE G-7 COCONUT CREEK, FL 33073	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
DO NOT WRITE IN THIS SPACE		
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 all other like empowered.		
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date _____ Daytime Phone # _____		