


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 30, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000044245**  
 1. Entity Name  
**IORELLA PERFUMES CORP.**



Principal Place of Business      Mailing Address  
**9107 NW 193 ST**                      **9107 NW 193 ST**  
**MIAMI FL 33018**                      **MIAMI FL 33018**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 Suite, Apt #, etc.                      Suite, Apt #, etc.  
 City & State                      City & State  
 Zip                      Country                      Zip                      Country

1st MOORE      CR2E034 (10/07)

4. FEI Number      Applied For  
**20-0921354**                      Not Applicable

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

6. Name and Address of Current Registered Agent  
**VIVENZIO, CARMEN**  
**9107 NW 193 ST**  
**MIAMI FL 33018**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title applicable. (NOTE: Registered Agent signature required when reimbursing.)

**FILE NOW!!! - FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State.**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VIVENZIO, CARMEN</b>	NAME	<b>U00000933532</b>
STREET ADDRESS	<b>9107 NW 193 ST</b>	STREET ADDRESS	<b>05/22/08-80089-017 150.00</b>
CITY-ST-ZIP	<b>MIAMI FL 33018</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DE JESUS, JOSE D</b>	NAME	
STREET ADDRESS	<b>9107 NW 193 ST</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33018</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OBISPO, ORLANDO J</b>	NAME	
STREET ADDRESS	<b>9107 NW 193 ST</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33018</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:**  **Carmen Vivenzio**      Date: **(05) 033-0260**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #