

FILED
May 02, 2005 8:00 am
Secretary of State

14015500

[REDACTED]

DOCUMENT # P04000077941				05-02-2005 90988 001 ***150.00	
1. Entity Name A-G PERFUMES AND COSMETICS, INC.					
Principal Place of Business 21202 OLEAN BOULEVARD SUITE 3-4 PORT CHARLOTTE, FL 33952		Mailing Address 21202 OLEAN BOULEVARD SUITE 3-4 PORT CHARLOTTE, FL 33952		14015500	
2. Principal Place of Business 21202 OLEAN BND Suite, Apt. #, etc. E3-		3. Mailing Address SAME Suite, Apt. #, etc.			
City & State PORT CHARLOTTE FL		City & State		4. FEI Number 65-0479559	
Zip 33952		Country CHARLOTTE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GARCIA, ALBERTO 21202 OLEAN BOULEVARD SUITE 3-4 PORT CHARLOTTE, FL 33952		7. Name and Address of New Registered Agent Name: ALBERTO GARCIA Street Address (P.O. Box Number is Not Acceptable): 1005 CONECTA DR City: PUNTA GORDA FL Zip Code: 33950			
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:					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing <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: GARCIA, ALBERTO STREET ADDRESS: 21202 OLEAN BOULEVARD SUITE E-4 CITY-ST-ZIP: PORT CHARLOTTE, FL 33952		TITLE NAME: GARCIA ALBERTO STREET ADDRESS: 1005 CONECTA DR CITY-ST-ZIP: PUNTA GORDA, FL 33950			
TITLE NAME: GARCIA, MARIA A STREET ADDRESS: 21202 OLEAN BOULEVARD SUITE E-4 CITY-ST-ZIP: PORT CHARLOTTE, FL 33952		TITLE NAME: GARCIA MARIA STREET ADDRESS: 1005 CONECTA DR CITY-ST-ZIP: PUNTA GORDA, FL 33950			
TITLE NAME: STREET ADDRESS: CITY-ST-ZIP:		TITLE NAME: STREET ADDRESS: CITY-ST-ZIP:			
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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.					
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4-27-05 944-766-9699			