2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# P04000082609

Entity Name: PERFUMALL OF SAWGRASS, INC.

Current Principal Place of Business:

6601 LYONS ROAD
SUITE 67
COCONUT CREEK, FL 33073

New Principal Place of Business:

6601 LYONS ROAD
SUITE G-7
COCONUT CREEK, FL 33073

Current Mailing Address:

6601 LYONS ROAD
SUITE 67
COCONUT CREEK, FL 33073

New Mailing Address:

6601 LYONS ROAD
SUITE G-7
COCONUT CREEK, FL 33073

FEI Number: 20-1162153 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GAL, BEN
6601 LYONS ROAD SUITE H5
SUITE 6-7
COCONUT CREEK, FL 33073 US

Name and Address of New Registered Agent:

GAL, BEN
6601 LYONS ROAD
SUITE G-7
COCONUT CREEK, FL 33073 US

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.

SIGNATURE: _____ 04/24/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: MGRM ( ) Delete
Name: GAL, BEN
Address: 6601 LYONS ROAD, SUITE 6-7
City-St-Zip: COCONUT CREEK, FL 33073

Title: MGRM ( ) Delete
Name: LIVNI, RON
Address: 6601 LYONS ROAD, SUITE 6-7
City-St-Zip: COCONUT CREEK, FL 33073

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RON LIVNI PRES 04/24/2009
Electronic Signature of Signing Officer or Director — Date