

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-02-2005 90969 010 ***150.00

DOCUMENT # P04000149522 1. Entity Name PERFUMALL OF OCALA, INC.			
Principal Place of Business 6601 LYONS RD., STE. G-7 COCONUT CREEK, FL 33075		Mailing Address 6601 LYONS RD., STE. G-7 COCONUT CREEK, FL 33075	
2. Principal Place of Business 6601 LYONS RD Suite, Apt. #, etc. HIS G-7		3. Mailing Address 6601 LYONS RD Suite, Apt. #, etc. G-7 HIS	
City & State COCONUT CREEK		City & State COCONUT CREEK	
Zip 33075 Country US		Zip 33075 Country US	
4. FEI Number: 20-1825132		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 RD., STE. G-7 COCONUT CREEK, FL 33075		7. Name and Address of New Registered Agent Name BEN GAL Street Address (P.O. Box Number is Not Acceptable) 6601 LYONS ROAD STE HIS G-7 City COCONUT CREEK FL Zip Code 33075	
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 reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <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 STREET ADDRESS CITY-ST-ZIP	BEN GAL <input type="checkbox"/> Delete SAME	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RON LIVNI <input type="checkbox"/> Delete SAME	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 officers empowered.			
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			