
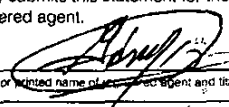
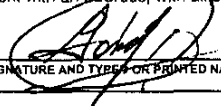


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90023 039 \*\*\*158.75

<b>DOCUMENT # P05000063890</b>					
<b>1. Entity Name</b> LE'CACHE FRAGRANCES, INC.					
<b>Principal Place of Business</b> 5811 W VINE STREET BOOTH 129 KISSIMMEE, FL 34746			<b>Mailing Address</b> 11002 YORKSHIRE RIDGE CT ORLANDO, FL 32837		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b> 623 DEAUVILLE CT.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b>		<b>City &amp; State</b> KISSIMMEE, FL		<b>4. FEI Number</b> 20-2804676	
<b>Zip</b>		<b>Country</b> 34758 US		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> GOMEZ, ELVIN A 11002 YORKSHIRE RIDGE CT ORLANDO, FL 32837			<b>7. Name and Address of New Registered Agent</b> Name: <b>ELVIN A. GOMEZ</b> Street Address (P.O. Box Number is Not Acceptable): 623 DEAUVILLE CT. City: <b>KISSIMMEE</b> FL Zip Code: <b>34758</b>		
<b>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.</b>					
SIGNATURE:  (NOTE: Registered Agent signature required when reinstating) DATE:					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEJIAS, RAFAEL 11002 YORKSHIRE RIDGE COURT ORLANDO, FL 32387	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEJIAS, RAFAEL 623 DEAUVILLE CT. KISSIMMEE, FL 34758 USA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GOMEZ, ELVIN A 11002 YORKSHIRE RIDGE COURT ORLANDO, FL 32387	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GOMEZ, ELVIN A. 623 DEAUVILLE CT. KISSIMMEE, FL 34758 USA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>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 another like empowered.</b>					
<b>SIGNATURE:</b> 					
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: _____ Daytime Phone #: _____		