

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2006 8:00 am**  
**Secretary of State**

04-05-2006 90131 006 \*\*\*150.00

**DOCUMENT # P05000078271**

1. Entity Name  
**SCENTS GALORE, INC.**



Principal Place of Business  
**14568 SW 143RD TERRACE  
MIAMI, FL 33186**

Mailing Address  
**14568 SW 143RD TERRACE  
MIAMI, FL 33186**

**40043595**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03212006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**IGLESIAS, ADOLFO E  
13170 SW 128TH STREET  
MIAMI, FL 33186**

Name **Amador Ruiz-Baliu**

Street Address (P.O. Box Number is Not Acceptable)

**14568 SW 143rd Terrace**

City **Miami**

**FL**

Zip Code **33186**

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 **Amador Ruiz-Baliu** *President*

**03/25/2006**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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 PD ☒ Delete  
NAME BALU, AMADOR R  
STREET ADDRESS 14568 SW 143RD TERRACE  
CITY-ST-ZIP MIAMI, FL 33186

TITLE **President** ☒ Change ☐ Addition  
NAME **Ruiz-Baliu, Amador**  
STREET ADDRESS **14568 SW 143rd Terrace**  
CITY-ST-ZIP **Miami, FL 33186**

TITLE S ☐ Delete  
NAME CAMBERT, IDA M  
STREET ADDRESS 14568 SW 143RD TERRACE  
CITY-ST-ZIP MIAMI, FL 33186

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 or without other like empowered.

SIGNATURE: **Amador Ruiz-Baliu**

**03/22/06 (305) 579 0500**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #