

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P05000126051

1. Entity Name  
PERFUME COLLECTION NO. 3 INC.



**FILED  
Apr 13, 2006 8:00 am  
Secretary of State**

04-13-2006 90294 008 \*\*\*150.00

Principal Place of Business  
300 MARY ESTHER BLVD  
SUITE #97  
MARY ESTHER, FL 32569

Mailing Address

300 MARY ESTHER BLVD  
SUITE #97  
MARY ESTHER, FL 32569

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

03152006 Chg-P CR2E034 (11/05)

Zip

Country

Zip

Country

4. FEI Number  
*20-3397689*

Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

OINOUNOU, AVRAHAM  
5257 VICTORIA CIRCLE  
WEST PALM BEACH, FL 33409

Name

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

*1000 ALISO AVE*

City

*WEST PALM BEACH*

FL

Zip Code  
*33413*

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*4/10/06*

**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

P  
OINOUNOU, AVRAHAM  
5257 VICTORIA CIRCLE  
WEST PALM BEACH, FL 33409

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change

Addition

*1000 ALISO AVE  
WEST PALM BEACH FL 33413*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change

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CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change

Addition

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 all other like empowered.

SIGNATURE: *AVRAHAM OINOUNOU, INC.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/10/06 (561)308-7306*

Date

Daytime Phone #