

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P06000137815

1. Entity Name  
J.R.D. PERFUMERIA CORP.



Principal Place of Business  
2116 NW 21 STREET  
MIAMI, FL 33142

Mailing Address  
2116 NW 21 STREET  
MIAMI, FL 33142

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04172008 Chg-P CR2E034 (12/06)

4. FEI Number

20-5814433

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

**6. Name and Address of Current Registered Agent**

CONTRERAS, DALILA  
2109 NW 24 STREET  
4  
MIAMI, FL 33142

Name

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

City

FL

Zip Code

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

**FILE NOW!!! FEE IS \$150.00  
After, May 1, 2008 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: P.D.  
NAME: CONTRERAS, DALILA R  
STREET ADDRESS: 2109 NW 24 STREET # 4  
CITY-ST-ZIP: MIAMI, FL 33142

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
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CITY-ST-ZIP

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CITY-ST-ZIP

Change  Addition

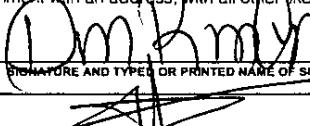
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/21/08

Date

Daytime Phone #