

PO7000020218

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

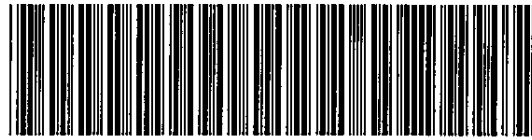
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400089942834

03/05/07--01006--006 \*\*35.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2007 MAR -5 AM 11:25

Ps  
3/8/07  
Act of Con

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ANGEL PERFUMES, INC  
(Name of Corporation)

**DOCUMENT NUMBER:** P07000020218

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MAGALY TRAVIESO  
(Name of Contact Person)

PRONTEK INC  
(Firm/Company)

275 FONTAINEBLEAU BLVD SUITE 172  
(Address)

MIAMI, FL 33172  
(City/State and Zip Code)

For further information concerning this matter, please call:

MAGALY TRAVIESO at ( 305 ) 221-1201  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$35.00 Filing Fee
- \$43.75 Filing Fee & Certificate of Status
- \$43.75 Filing Fee & Certified Copy
- \$52.50 Filing Fee, Certificate of Status & Certified Copy

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2007 MAR -5 AM 11:25

**ARTICLES OF CORRECTION**

for

**ANGEL PERFUMES, INC**

Name of Corporation as currently filed with the Florida Dept. of State

**P07000020218**

Document Number (if known)

Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this corporation files these Articles of Correction within 30 days of the file date of the document being corrected.

These articles of correction correct **ARTICLES OF INCORPORATION**,  
(Document Type Being Corrected)

filed with the Department of State on **02/14/2007**.  
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

**NAME OF OFFICER HAS LAST NAME AND FIRST NAME INVERTED**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Correct the inaccuracy, incorrect statement, or defect:

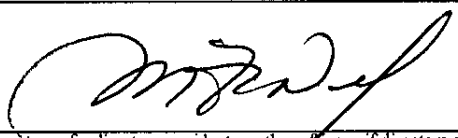
**IT SHOULD BE THIS WAY:**

**LAST NAME: MOURAD**

**FIRST NAME: MOHAMAD**

**MIDDLE NAME: A**

\_\_\_\_\_  
\_\_\_\_\_



(Signature of a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of the receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

**MAGALY TRAVIESO**

(Typed or printed name of person signing)

**REGISTERED AGENT**

(Title of person signing)

**Filing Fee: \$35.00**