

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000092103

Entity Name: FAMILY TIES FRAGRANCES, INC.

FILED  
Feb 12, 2008  
Secretary of State

## Current Principal Place of Business:

37930 MEDICAL ARTS CT  
ZEPHYRHILLS, FL 33541

## New Principal Place of Business:

6116 WINTHROP TOWN CENTRE AVE  
RIVERVIEW, FL 33578

## Current Mailing Address:

37930 MEDICAL ARTS CT  
ZEPHYRHILLS, FL 33541

## New Mailing Address:

FEI Number: 39-2062597

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KRESKESKI, MIKE  
5804 ERHARDT DR  
RIVERVIEW, FL 33578 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: KRESKESKI, MIKE  
Address: 5804 ERHARDT DR  
City-St-Zip: RIVERVIEW, FL 33578

Title: V ( ) Delete  
Name: KRESKESKI, DAN  
Address: 5814 ERHARDT DR  
City-St-Zip: RIVERVIEW, FL 33578

Title: ST ( ) Delete  
Name: KRESKESKI, MELODY  
Address: 5804 ERHARDT DR  
City-St-Zip: RIVERVIEW, FL 33578

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIKE KRESKESKI

P

02/12/2008

Electronic Signature of Signing Officer or Director

Date