

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000009696

FILED  
Apr 18, 2009  
Secretary of State

Entity Name: SCENTS & FEEL, INC.

## Current Principal Place of Business:

1800 NE 114TH STREET  
SUITE # 1106  
MIAMI, FL 33181

## New Principal Place of Business:

1800 NE 114TH STREET  
SUITE # 1106  
MIAMI, FL 33181 US

## Current Mailing Address:

1800 NE 114TH STREET  
SUITE # 1106  
MIAMI, FL 33181

## New Mailing Address:

1800 NE 114TH STREET  
SUITE # 1106  
MIAMI, FL 33181 US

FEI Number: 26-1839954

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HAIK, JENNY  
1800 NE 114TH STREET  
#1106  
MIAMI, FL 33181 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: PD ( ) Delete  
Name: HAIK, JENNY  
Address: 1800 NE 114TH STREET  
City-St-Zip: MIAMI, FL 33181

Title: VPD ( ) Delete  
Name: TORYMAN-HAIK, SOFHIE  
Address: 1800 NE 114TH STREET  
City-St-Zip: MIAMI, FL 33181

Title: SD ( ) Delete  
Name: HAIK, ROBERT  
Address: 1800 NE 114TH STREET  
City-St-Zip: MIAMI, FL 33181

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: HAIK, JENNY  
Address: 1800 NE 114TH STREET #1106  
City-St-Zip: MIAMI, FL 33181 US

Title: VPD (X) Change ( ) Addition  
Name: HAIK-TORDJMAN, SOPHIE  
Address: 1800 NE 114TH STREET #1203  
City-St-Zip: MIAMI, FL 33181 US

Title: SD (X) Change ( ) Addition  
Name: HAIK, ROBERT  
Address: 1800 NE 114TH STREET #1106  
City-St-Zip: MIAMI, FL 33181 US

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: ROBERT HAIK

SD

04/18/2009

Electronic Signature of Signing Officer or Director

Date