


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90266 024 ***158.75

DOCUMENT # P94000022629	
1. Entity Name AMAZING ODOR CONTROL, INC.	

Principal Place of Business 9600 W. SAMPLE ROAD, # 303 CORAL SPRINGS, FL 33061	Mailing Address 9600 W. SAMPLE ROAD, # 303 CORAL SPRINGS, FL 33061
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40097877



2. Principal Place of Business - No P.O. Box #		3. Mailing Address 2015 NW 127 TERRACE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State CORAL SPRINGS, FL		City & State CORAL SPRINGS, FL	
Zip 33061	Country USA	Zip 33061	Country USA

05012008 Chg-P CR2E034 (12/06)

4. FEI Number 65-0482741	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent COHEN, ELLIE 9600 WEST SAMPLE ROAD #303 CORAL SPRINGS, FL 33065		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE PD	NAME COHEN, ELLIE	<input type="checkbox"/> Delete		TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 9600 W. SAMPLE ROAD, # 303				STREET ADDRESS			
CITY-ST-ZIP CORAL SPRINGS, FL 33061				CITY-ST-ZIP			
TITLE	NAME	<input type="checkbox"/> Delete		TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	NAME	<input type="checkbox"/> Delete		TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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 *Ellie Cohen* **4/30/08** **934/133 5229**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #