

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 09, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P96000021128

1. Entity Name

DESTINATION FRAGRANCES INC.



Principal Place of Business

6056 ALTON ROAD  
MIAMI BEACH, FL 33140

Mailing Address

6056 ALTON ROAD  
MIAMI BEACH, FL 33140



01052006

No Chg-P

CR2E034 (11/05)

4. FEI Number  
65-0732471

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

JUIN, KATHRYN L  
6056 ALTON ROAD  
MIAMI BCH, FL 33140

**DO NOT WRITE  
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GARCIA, JOSE
STREET ADDRESS	6056 ALTON ROAD
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	D
NAME	GARCIA, ELENA
STREET ADDRESS	6056 ALTON ROAD
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	D
NAME	GARCIA, JOSE JR.
STREET ADDRESS	6056 ALTON ROAD
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	DOI
NAME	JUIN, KATHRYN
STREET ADDRESS	6056 ALTON RD.
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000379805  
01/10/06-80038-014 150.00

**DO NOT WRITE  
IN THIS SPACE**

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

Date

Daytime Phone #

January 5, 06 305-861-1850