2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# P96000021128

Entity Name: DESTINATION FRAGRANCES INC.

Current Principal Place of Business:

6056 ALTON ROAD
MIAMI BEACH, FL 33140

New Principal Place of Business:

6056 ALTON ROAD
MIAMI BEACH, FL 33140 US

Current Mailing Address:

6056 ALTON ROAD
MIAMI BEACH, FL 33140

New Mailing Address:

FEI Number: 65-0732471 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JUIN, KATHRYN L
6056 ALTON ROAD
MIAMI BCH, FL 33140 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: D ( ) Delete
Name: GARCIA, JOSE
Address: 6056 ALTON ROAD
City-St-Zip: MIAMI BEACH, FL 33140

Title: D ( ) Delete
Name: GARCIA, ELENA
Address: 6056 ALTON ROAD
City-St-Zip: MIAMI BEACH, FL 33140

Title: D ( ) Delete
Name: GARCIA, JOSE JR.
Address: 6056 ALTON ROAD
City-St-Zip: MIAMI BEACH, FL 33140

Title: DOI ( ) Delete
Name: JUIN, KATHRYN
Address: 6056 ALTON RD.
City-St-Zip: MIAMI BEACH, FL 33140

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:

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: KATHRYN L. JUIN DOI 03/24/2009
Electronic Signature of Signing Officer or Director Date