2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P96000021128 **DOCUMENT #**

1. Entity Name

DESTINATION FRAGRANCES INC.



FILED Jan 10, 2003 8:00 am Secretary of State 01-10-2003 90070 019 ***150.00

Sulfe, Apt. #, efc. City & State City & St					7	
Suite, Apt #, etc. Country Zip Country En Name and Address of Current Registered Agent	6056 ALTON	ROAD	6056 ALTON ROAD			
City & State Ci	2. Principal	Place of Business	3. Mailing Address			
City & State Ci						
Zip Country Zip Country Zip Country S. Certification of Status Desired S8.75 additional Fee Required General Address of Current Registered Agent 77-Nome and Address of Not Replaced Agent 77-Nome and Address of Not Replaced Agent 77-Nome and Address of Now Registered Agent 77-Nome and Address of Nome Registered Agent 77-Nome Address Nome Registered Agent 77-Nome Registered Agent 77-Nome Address Nome Registered Agent 77-Nome Registered Registe	Suite, Apt	t. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		TA CHECK HERE IF MAKING CHANGES
Site Harms and Address of Current Registered Agent Sitemberg, KATHAYN L 6056 ALTON ROAD MAMI BCH FL 33140 Sitemberg are departed agent to be been and address of New Registered Agent Name KATLA CLAD Sitemberg, KATHAYN L 6056 ALTON ROAD Sitemberg, KATHAYN L 6056 ALTON ROAD MAMI BCH FL 33140 Sitemberg, KATHAYN L 6056 ALTON ROAD	City & State		City & State	City & State		4. FEI Number 65-0732471 Applied For Not Applicable
SERNBERG, KATHRYN L 6056 ALTON ROAD MAMI BEACH FL 33140 SIGNATURE SIGNATUR	Zip	Country	Zip	Country	5	5. Certificate of Status Desired \$8.75 Additional
Streat Address (R.O. Box Number is Not Acceptable) Streat Address (R.O. Box Number is Not Acceptable) Streat Address (R.O. Box Number is Not Acceptable) COSG ALTON ROAD City Miamu REACH FL 23140 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 Fordat. I am familiar with, and accept the chlegations of registered agent. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Fordat Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE MAKE GARCIA, JOSE GARCIA, JOSE GARCIA, JOSE GARCIA, JOSE JORGE STREET ADDRESS GOSS ALTON ROAD GARCIA, JOSE JORGE STREET ADDRESS GOSS ALTON ROAD GARCIA, JOSE JR. STREET ADDRESS GOSS ALTON ROAD GOSS GOSS ALTON ROAD GOSS GOSS ALTON ROAD GOSS ALTON ROAD GOSS ALTON ROAD GOSS GOSS GOSS GOSS GOSS GOSS GOSS GOS			f Gurrent Registered Agent		7	
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MAMI BCH FL 33140 COSC ALTON ROAD City Minimal Research Change Additional Research Resea				Street Addres	s (P.O	D. Box Number is Not Acceptable)
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2. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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.	of the con	poration or the receiver or trus	tee empowered to execute this report a			

SIGNATURE:

Daytime Phone #