


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000082245 1. Entity Name SCENTS OF NATURE ENTERPRISES CORP.	
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Principal Place of Business 8860 NW 24 TERRACE MIAMI, FL 33172	Mailing Address 8860 NW 24 TERRACE MIAMI, FL 33172
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DO NOT WRITE IN THIS SPACE



02072006 No Chg-P CRZE034 (11/05)

4. FEI Number 65-0699843	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent URCUYO, LUIS 8860 NW 24 TERR MIAMI, FL 33172
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

**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 NAME STREET ADDRESS CITY-ST-ZIP	PD URCUYO, LUIS 8860 NW 24 TERR MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MARCOS, MORENO-BO 8860 NW 24 TERR MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MARCELO, MORENO 8860 NW 24 TERRACE MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/21/06-00027-004 150.00

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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, until all other like empowered.

SIGNATURE: **X**  **LUIS URCUYO, PRES.** **2/07/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #