2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P98000027918

1. Entity Name,
SAINT-TROPEZ PERFUMES INC.

Principal Place of Business	Mailing Address
8205 SW 2 ST. MIAMI, FL 33144	PO BOX 441773 MIAMI, FL 33144

DO NOT WRITE IN THIS SPACE

01182007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0825529	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MARKEVITCH, LILIA
8205 SW 2 ST.
MIAMI, FL 33144

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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 _____

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, 2007 Fee will be $550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	PT
NAME	MARKEVITCH, LILIA
STREET ADDRESS	8205 SW 2 ST
CITY-ST-ZIP	MIAMI, FL 33144

TITLE	
NAME	
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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: X _Markevitch_   X 1-17-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #