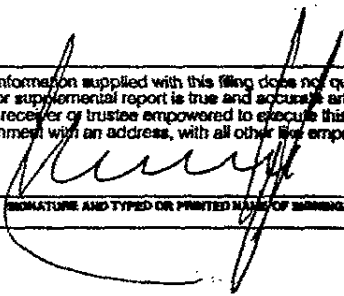


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000047850														
1. Entity Name PERFUMANDO PLUS, INC.														
Principal Place of Business 1673 NE 163 ST NORTH MIAMI, FL 33162	Mailing Address 1673 NE 163 ST NORTH MIAMI, FL 33162													
DO NOT WRITE IN THIS SPACE														
6. Name and Address of Current Registered Agent IBARRA, NERY 1673 NE 163 ST N. MIAMI BEACH, FL 33162		DO NOT WRITE IN THIS SPACE												
11. 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, 2004 Fee will be \$650.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees												
10. OFFICERS AND DIRECTORS <table border="1"> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td>PD IBARRA, NERY 1673 NE 163 ST N. MIAMI, FL 33162</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td>VD IBARRA, MARLENY 1673 NE 163 ST N MIAMI, FL 33162</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> </tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD IBARRA, NERY 1673 NE 163 ST N. MIAMI, FL 33162	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD IBARRA, MARLENY 1673 NE 163 ST N MIAMI, FL 33162	TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE IN THIS SPACE
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12. 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 fees empowered. SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____														



04212004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0840383	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

000000129246
04/26/04-80030-013 150.00