2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000077686

Title:

Name:

Address: City-St-Zip: () Delete

1854 LOCKHILL SELMA, SUITE 101

SAN ANTONIO, TX 78213 US

LINDNER, PETER

FILED Apr 23, 2008 Secretary of State

Entity Nan	ne: ARION PE	ERFUME & BEAUTY, INC.					
Current Principal Place of Business:				New Principal Place of Business:			
1854 LOCKHILL SELMA, SUITE 101 SAN ANTONIO, TX 78213 US				976 ASSOCIATE DRIVE SUITE #100 SCHERTZ, TX 78154 US			
Current Mailing Address:				New Mailing Address:			
1854 LOCKHILL SELMA, SUITE 101 SAN ANTONIO, TX 78213 US				976 ASSOCIATE DRIVE SUITE #100 SCHERTZ, TX 78154 US			
FEI Number:	65-0862370	FEI Number Applied For ()	FEI Numbe	er Not Appli	cable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
1820 N. CC SUITE 201 WESTON,	Z, DON P.A. DRPORATE LA FL 33326 US			h	:	ffine and a second and be able	
in the State		ubmits this statement for the	e purpose or c	nanging it	s registerea c	ffice or registered agent, or both	
SIGNATUR	RE:						
Electronic Signature of Registered Agent				Date			
Election Can	npaign Financing	Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip: Title:	KARAM, EUGEN 1854 LOCKHILL SAN ANTONIO, ¹	SELMA, SUITE 101	Ni Ad Ci	tle: ame: ddress: ity-St-Zip: tle:	KARAM, EUGE 976 ASSOCIAT SCHERTZ, TX	E DRIVE, SUITE 100	
Name: Address: City-St-Zip:	SHETH, JAY P.O. BOX 5551 DUBAI, UAE,	Delete	Na Ad	ite. ame: ddress: ity-St-Zip:		, Change () Addition	

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: PETER H. LINDNER S 04/23/2008

() Change () Addition