

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90072 037 ***150.00

DOCUMENT # P98000097215

1. Corporation Name
SCENTSUAL DESIRES, INC.



Principal Place of Business
6510 NW 80 DRIVE
PARKLAND FL 33067

Mailing Address
6510 NW 80 DRIVE
PARKLAND FL 33067

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/18/1998

4. FEI Number
65-0878171

Applied For
Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 2001 N. FEDERAL HWY

26 Suite, Apt. #, etc.

22 City & State
23 Pompano Beach, FL

27 City & State

24 Zip 33062 25 U.S.A.

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MANIAR, RAJU
6635 W COMMERCIAL BLVD #215
TAMARAC FL 33319

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME PATEL, SAMIR
STREET ADDRESS 510 NW 80 DRIVE
CITY-ST-ZIP PARKLAND FL 33067

1.1 TITLE PD
1.2 NAME PATEL, SAMIR
1.3 STREET ADDRESS 510 NW 80 DRIVE,
1.4 CITY-ST-ZIP PARKLAND, FL. 33067.

TITLE VD
NAME PATEL, AJANTA
STREET ADDRESS 510 NW 80 DRIVE
CITY-ST-ZIP PARKLAND FL 33067

2.1 TITLE VD
2.2 NAME PATEL, AJANTA
2.3 STREET ADDRESS 510 NW 80 DRIVE,
2.4 CITY-ST-ZIP PARKLAND, FL. 33067.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SAMIR PATEL

4/8/99

954-755-0217

Date

Daytime Phone #

CR2E034 (11/98)