2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Mar 11, 2005 8:00 am DOCUMENT # P9900001576 **Secretary of State** 03-11-2005 90630 001 ***750.00 PERFUMANIA.COM, INC. Principal Place of Business Mailing Address 251 INTERNATIONAL PKWY SUNRISE FL 33325 251 INTERNATIONAL PKWY SUNRISE FL 33325 ひしひひましまま 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State Applied For City & State 4. FEI Number 65-0884688 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required _ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent nnovan GELLER, JEFFREY Street Address (P.O. Box Number is Not Acceptable) 251 INTERNATIONAL PARKWAY SUNRISE FL 33325 ntunationa 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, 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 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete TITLE [Change Addition GELLER, JEFFREY NAME NAME STREET ADDRESS STREET ADDRESS 251 INTERNATIONAL PARKWAY CITY-ST-ZIP SUNRISE FL 33325 CITY-ST-ZIP VICE-President DOF ☐ Delete TITLE Change Addition TITLE YOUNG, A. MARK NAME NAME 251 INTERNATIONAL PARKWAY STREET ADDRESS STREET ADDRESS SUNRISE FL 33325 CITY-ST-ZIP CITY-ST-7IP Addition TITLE vesident ☐ Change TITLE ☐ Delete katz Michael W. 251 International Parkway NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Unrise FL Change Addition ☐ Detete TITLE Chin Dunovan 251 Jhlernatimal Parkway Sunnise, FL 33325 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 oth r like empowered

HONDUAN CHIN

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FILED