



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90228 038 ***150.00

DOCUMENT # P99000062920 1. Entity Name PERFUMERY NILY, INC.					
Principal Place of Business 2315 N.W. 107 AVENUE SUITE B-17 MIAMI, FL 33172			Mailing Address 2315 N.W. 107 AVENUE SUITE B-17 MIAMI, FL 33172		
2. Principal Place of Business 6100 Hollywood Blvd Suite, Apt. #, etc. Suite 407 City & State Hollywood FL Zip 33024		3. Mailing Address 6100 Hollywood Blvd Suite, Apt. #, etc. Suite 407 City & State Hollywood, FL Zip 33024			
4. FEI Number 01122004 Chg-P CR2E034 (10/03) 65-0939653				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent TANEY, DAVID 19495 BISCAYNE BLVD. SUITE 300 MIAMI, FL 33180	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		DATE _____	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS FALIC, NILY 2315 NW 107 AVENUE - BOX 111 MIAMI, FL 33172	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS Falic, Nily 6100 Hollywood Blvd Suite 407 Hollywood, FL 33024
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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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 like empowered.					
SIGNATURE: <i>Nily Falic</i> <i>Nily Falic</i> 4/21/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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