

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90077 040 ***150.00

DOCUMENT # P99000091621

1. Entity Name
PERFUME COLLECTION INC.



Principal Place of Business
~~5251 VICTORIA CIRCLE~~
WEST PALM BEACH, FL 33409

Mailing Address
~~5257 VICTORIA CIRCLE~~
~~WEST PALM BEACH, FL 33409~~

40000117



04092006 Chg-P CR2E034 (11/05)

2. Principal Place of Business
6666 ALISO AVE
Suite, Apt. #, etc.

3. Mailing Address
6666 ALISO AVE
Suite, Apt. #, etc.

City & State
WEST PALM BEACH FL
Zip
33413
Country
USA

City & State
WEST PALM BEACH FL
Zip
33413
Country
USA

4. FEI Number
65-0953059
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

OINOVNAV, AVRAHAM
~~5257 VICTORIA CIRCLE~~
~~WEST PALM BEACH, FL 33409~~

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
6666 ALISO AVE
City
WEST PALM BEACH FL Zip Code
33413

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

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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	OINOVHAM, AVRAHAM	
STREET ADDRESS	5257 VICTORIA CIRCLE	
CITY-ST-ZIP	WEST PALM BEACH, FL 33409	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6666 ALISO AVE	
CITY-ST-ZIP	WEST PALM BEACH FL 33413	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Avraham Oinovham, Pres

4/18/06

(561) 308-7305

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #