## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Apr 17, 2008 08:00 All Secretary of State DOCUMENT # P99000091621 1. Entity Name PERFUME COLLECTION INC. Principal Place of Business Mailing Address 6666 ALISO AVE 6666 ALISO AVE WEST PALM BEACH, FL 33413 WEST PALM BEACH, FL 33413 CR2E034 (11/05) 03122008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0953059 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent OINOVNAV, AVRAHAM DO NOT WRITE 6666 ALISO AVE WEST PALM BEACH, FL 33413 IN THIS SPACE 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS . 000000902628 0013-018 TITLE NAME OINOVHAM, AVRAHAM 6666 ALISO AVE STREET ADDRESS WEST PALM BEACH, FL 33413 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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:

STREET ADDRESS CITY-ST-ZIP

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR