## **₹**

## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 03, 2008 08:00 A Secretary of State

DOCUMENT # S03529  1. Entity Name THE FRAGRANCE OUTLET, INC.		Secretary of S
Principal Place of Business  508 NE 190TH STREET MIAMI, FL 33179-3904  Mailing Address  508 NE 190TH STREET MIAMI, FL 33179-3904		- 
DO NOT WOITE IN THE CO	ACE	02222008 No Chg-P CR2E034 (11/05)
DO NOT WRITE IN THIS SPA	ACE .	4. FEI Number 65-0218210  5. Certificate of Status Desired  Applied For Not Applicable  \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent LICHTMAN, JONATHAN J PA 20283 STATE RD. 7 SUITE 300 BOCA RATON, FL 33498		DO NOT WRITE 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  Signature, hyped 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, 2008 Fee will be \$550.00  Trust Fund Contribution.		
After May 1, 2008 Fee will be \$550.00  Trust Fund Contribute  10. OFFICERS AND DIRECTORS  TITLE  NAME  CAMPBELL, BRIAN S.  STREET ADDRESS  CITY-ST-ZIP  MIAMI, FL  Trust Fund Contribute		U00000846036 03/18/08-80012-001 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
NAME STREET ADDRESS CITY-ST-ZIP TITLE		DO NOT WRITE IN THIS SPACE
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		
STREET ADDRESS CITY-ST-ZIP  IJILE NAME STREET ADDRESS		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I turther 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:

SUPNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/07 305-654-8015 Date Daysme Proce #