

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S62159

FILED  
Apr 27, 2005  
Secretary of State

Entity Name: THE FRAGRANCE DEPOT, INC.

**Current Principal Place of Business:**

SAWGRASS MILLS MALL  
12801 W. SUNRISE BLVD, STORE #201  
SUNRISE, FL 33323

**New Principal Place of Business:**

**Current Mailing Address:**

SAWGRASS MILLS MALL  
12801 W. SUNRISE BLVD, STORE #201  
SUNRISE, FL 33323

**New Mailing Address:**

FEI Number: 65-0267982      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CAPELLA, JOHN W.  
12801 W SUNRISE BLVD #201  
SUNRISE, FL 33323      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PT ( ) Delete  
Name: CAPELLA, JOHN W.,  
Address: 12801 W SUNRISE BLVD #201  
City-St-Zip: SUNRISE, FL

Title: VS ( ) Delete  
Name: CAPELLA, ANNE M.,  
Address: 12801 W SUNRISE BLVD #201  
City-St-Zip: SUNRISE, FL

Title: D ( ) Delete  
Name: MCGEE, BARBARA  
Address: 4362 MAHOGANY RIDGE DR  
City-St-Zip: FORT LAUDERDALE, FL 33331

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANNE M. CAPELLA

VP

04/27/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date