2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

8/19/

FILED Sep 14, 2004 8:00 am Secretary of State

DOCUMENT # \$86665 1. Entity Name 08-19-2004 90051 024 ***150.00 THE UNITED FRENCH FRAGRANCES, INC. Principal Place of Business Mailing Address 19094 NW 4TH CT MIAMI FL 33179 C/O ALEJANDRO REYES 1852 NE 172 STREET N. MIAMI BEACH FL 33162 66433655 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. CR2E034 (4/04) City & State City & State 4. FEI Number Applied For 65-0333300 Not Applicable Zip Country Zip Country \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Nama REYES, ALEJANDRO Street Address (P.O. Box Number is Not Acceptable) 1852 N.E. 172 STREET NORTH MIAMI BEACH FL 33162 City Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when nenstating) DATE FILE NOW!!! FEE IS \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be DUE BY September 8, 2004 late fee. By checking this box, the corporation certifies it Trust Fund Contribution. Make Check Payable to Florida Department of State Added to Fees did not receive prior notice. Fee to file is \$150.00. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition ☐ Chance NAME REYES, ALÉJANDRO NAME 1852 N.E. 172 STREET STREET ADDRESS STREET ADDRESS N. MIAMI BEACH FL COY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITE F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP . Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THE Delete _ TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET AODRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CTTY-ST-ZIP TITLE .TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP with this filing does not qualify for the exemption stated in Section † 19.07(3)(i). Florida Statutes. I further certify that the information or is true and laccurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director ambourged by execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 it says that I we empowered. 12. I hereby certily that the information supplies indicated on this report or supplemental per of the corporation or the receiver changed, or on an attachment 8-15-04 SIGNATURE:

SIGNING OFFICER OF DIRECTOR

66433655 458666S

THE UNITED FRENCH FRAGANCES, INC.

1852 NE 172ND STREET NORTH MIAMI BEACH, FL 33162

September 8TH, 2004 Miami, FL

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

To Whom It May Concern:

As per my telephone conversation with your office, I am sending you this letter as a notification that I never received the renewal card or form, therefore I did not realized that it was too late for the filing of the annual report. This report would have been filed on a timely manner if I had notice ahead of time.

Thank you for your time and consideration. Please direct any questions or concerns to the location given.

Sincerely

Alejandro Réyes

Director.