

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000007850

**Entity Name:** PERFUMANIA HOLDINGS, INC.**Current Principal Place of Business:**35 SAWGRASS DRIVE  
BELLPORT, NY 11713**Current Mailing Address:**35 SAWGRASS DRIVE  
BELLPORT, NY 11713**FEI Number:** 65-0977964**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIN, DONOVAN  
5900 N. ANDREWS AVENUE  
SUITE 500  
FT. LAUDERDALE , FL 33309 US*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:** DONOVAN CHIN

04/21/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name KATZ, MICHAEL W  
Address 35 SAWGRASS DRIVE  
City-State-Zip: BELLPORT NY 11713

Title CFO  
Name NOFI, MICHAEL  
Address 35 SAWGRASS DRIVE  
City-State-Zip: BELLPORT NY 11713

Title D  
Name BOUHADANA, JOSEPH  
Address 35 SAWGRASS DRIVE  
City-State-Zip: BELLPORT NY 11713

Title DIRECTOR  
Name GOPMAN, GLENN  
Address 35 SAWGRASS DR  
STE 2  
City-State-Zip: BELLPORT NY 11713

Title DIRECTOR  
Name NUSSDORF, STEPHEN  
Address 35 SAWGRASS DR  
STE 2  
City-State-Zip: BELLPORT NY 11713

Title DIRECTOR  
Name GAFINKLE, PAUL  
Address 35 SAWGRASS DR  
STE 2  
City-State-Zip: BELLPORT NY 11713

Title COO  
Name MONTANY, NEAL  
Address 35 SAWGRASS DRIVE  
SUITE 2  
City-State-Zip: BELLPORT NY 11713

I hereby 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 all other like empowered.

**SIGNATURE:** MICHAEL NOFI

CFO

04/21/2017

Electronic Signature of Signing Officer/Director Detail

Date