

2016 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:**

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	DELLOMO, DONNA
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	CHOUKROUN, ESTHER
Address	35 SAWGRASS DR STE 2
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	PURCHES, FREDERICK
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

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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: DONNA DELLOMO

CFO

01/28/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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