

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000003768

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: PREMIER SALONS, INC.

**Current Principal Place of Business:**

3762 FOURTEENTH AVENUE  
SUITE 200  
MARKHAM, ON L3R 0G7

**New Principal Place of Business:**

**Current Mailing Address:**

3762 FOURTEENTH AVENUE  
SUITE 200  
MARKHAM, ON L3R 0G7

**New Mailing Address:**

FEI Number: 41-2007052      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331 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: DPS ( ) Delete  
Name: LUBORSKY, BRIAN A  
Address: 3762 FOURTEENTH AVENUE, SUITE 200  
City-St-Zip: MARKHAM, ON L3R 0G7 CA

Title: D ( ) Delete  
Name: GUBBAY, DAVID  
Address: 450 PARK AVENUE 3RD FL  
City-St-Zip: NEW YORK, NY 10022 US

Title: D ( ) Delete  
Name: LADAK, ZUHER  
Address: 450 PARK AVENUE 3RD FL  
City-St-Zip: NEW YORK, NY 10022 US

Title: VP ( ) Delete  
Name: SAMTLEBEN, ROSLYN  
Address: 3762 FOURTEENTH AVENUE, SUITE 200  
City-St-Zip: MARKHAM, ON L3R 0G7 CA

**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:

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ROSLYN SAMTLEBEN

SRVP

04/30/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date