2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2008
Secretary of State

DOCUMENT# P02000089551

Entity Name: SALON EN' SUITES, INC.

Current Principal Place of Business:

2510-D NORTH MONROE STREET
TALLAHASSEE, FL 32303

New Principal Place of Business:

2510-E NORTH MONROE STREET
TALLAHASSEE, FL 32303

Current Mailing Address:

2510-D NORTH MONROE STREET
TALLAHASSEE, FL 32303

New Mailing Address:

2510-E NORTH MONROE STREET
TALLAHASSEE, FL 32303

FEI Number: 05-0532462 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOYCE, LISA D
2510-D NORTH MONROE STREET
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

BOYCE, LISA D
2510-E NORTH MONROE STREET
TALLAHASSEE, FL 32303 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: LISA D. BOYCE 07/11/2008
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: O/D ( ) Delete
Name: BOYCE, LISA D
Address: 2510-D N. MONROE ST.
City-St-Zip: TALLAHASSEE, FL 32303

Title: O/D ( ) Delete
Name: SMITH, SUE D
Address: 5073 FLAGSTONE CT
City-St-Zip: TALLAHASSEE, FL 32303

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: O/D (X) Change ( ) Addition
Name: BOYCE, LISA D
Address: 2510-E N. MONROE ST.
City-St-Zip: TALLAHASSEE, FL 32303

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: LISA D. BOYCE O/D 07/11/2008
Electronic Signature of Signing Officer or Director Date