


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

**Apr 27, 2006 8:00 am
Secretary of State**

04-10-2006 90321 023 ***150.00

DOCUMENT # P03000004594
1. Entity Name
ECHO SALON, INC.



Principal Place of Business
701 EAST LAS OLAS BLVD.
FT. LAUDERDALE, FL 33301

Mailing Address
701 EAST LAS OLAS BLVD.
FT. LAUDERDALE, FL 33301

66016111



2. Principal Place of Business
420 SE 6th AVE
Suite, Apt. #, etc.

3. Mailing Address
420 SE 6th AVE
Suite, Apt. #, etc.

03072006 Chg-P CR2E034 (11/05)

City & State
FT. LAUDERDALE, FL

City & State
FT. LAUDERDALE, FL

Zip
33301

Country
U.S.

Zip
33301

Country
U.S.

4. FEI Number
59-3767857

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GENOVESE, JAMES
701 EAST LAS OLAS BLVD.
FT. LAUDERDALE, FL 33301

7. Name and Address of New Registered Agent
Name
GENOVESE, JAMES
Street Address (P.O. Box Number is Not Acceptable)
420 SE 6th AVE
City
FT. LAUDERDALE FL
Zip Code
33301

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 _____ DATE 4/1/06
Signature is typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	GENOVESE, JAMES	701 EAST LAS OLAS BLVD	FORT LAUDERDALE, FL 33301	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
P	GENOVESE, JAMES	420 SE 6 th AVE	FT. LAUDERDALE, FL 33301	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ DATE 4/23/06
Signature and typed or printed name of signing officer or director