


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F11378</b> 1. Entity Name <b>SALON AZUL, INC.</b>	
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Principal Place of Business <b>8528 SW 8 STREET MIAMI, FL 33144</b>	Mailing Address <b>5601 COLLINS AVE M-12 MIAMI BEACH, FL 33140</b>
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04192007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-2052010</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  <b>CARRERAS, ROSA MARIA 5601 COLLINS AVENUE M-12 MIAMI BEACH, FL 33140</b>
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**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 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	D ELIAS, HAYDEE 5601 COLLINS AVENUE, APT M-12 MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PST CARRERAS, ROSA MARIA 5601 COLLINS AVENUE, APT M-12 MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP ELIAS, ANTHONY 5601 COLLINS AVENUE, APT M-12 MIAMI BEACH, FL 33140
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05/10/07-80078-009 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Month/Year

4/24/07 (305) 8772631