

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 10, 2004 8:00 am**  
**Secretary of State**

05-10-2004 90458 016 \*\*\*150.00

**DOCUMENT # F98000002088**

1. Entity Name  
**ELIZABETH ARDEN SALONS, INC.**



Principal Place of Business  
**3822 E. UNIVERSITY DR., STE. 5  
PHOENIX, AZ 85034**

Mailing Address  
**3822 E. UNIVERSITY DR., STE. 5  
PHOENIX, AZ 85034**

24073733



04232004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>35-1902303</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

**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, 2004 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	RICHARDS, JOHN
STREET ADDRESS	3822 E. UNIVERSITY DR., STE. 5
CITY-ST-ZIP	PHOENIX, AZ 85034
TITLE	DSV
NAME	BROADHEAD, ROBERT
STREET ADDRESS	3822 E. UNIVERSITY DR., STE. 5
CITY-ST-ZIP	PHOENIX, AZ 85034
TITLE	T
NAME	KOSSAK, TADEUSZ J
STREET ADDRESS	3822 E. UNIVERSITY DR., STE. 5
CITY-ST-ZIP	PHOENIX, AZ 85034
TITLE	S
NAME	MACKO, GABRIELA
STREET ADDRESS	3822 E. UNIVERSITY DR., STE. 5
CITY-ST-ZIP	PHOENIX, AZ 85034
TITLE	DIRECTOR AND EXECUTIVE V.P.
NAME	NEIL WATANABE
STREET ADDRESS	3822 E. UNIVERSITY DR., STE. 5
CITY-ST-ZIP	PHOENIX, AZ 85034
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

*Gabriela Macko* **GABRIELA MACKO**

4/23/04 (602) 760-2526

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #