FILED
Mar 01, 2004 8:00 am
Secretary of State
02-17-2004 90195 041 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AP)

DOCUMENT # L03000011933

1. Entity Name
LE SALON, LLC

34000930

Principal Place of Business
210 71ST STREET STE. 309
MIAMI BEACH FL 33141

Mailing Address
210 71ST STREET STE. 309
MIAMI BEACH FL 33141

MOORE CR2E083 (11/03)

2. Principal Place of Business		3. Mailing Address	
3575 N.E. 207 ST.		3575 N.E. 207 ST	
Suite, Apt. #, etc. B-1		Suite, Apt. #, etc. B-1	
City & State AVENTURA, FLORIDA		City & State AVENTURA, FLORIDA	
Zip 33180	Country U.S.A	Zip 33180	Country U.S.A

4. FEI Number 432010843 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
PIOTRKOWSKI, JOEL S
317 71ST STREET
MIAMI BEACH FL 33141

7. Name and Address of New Registered Agent
Name AVIVA YEHEZKEL
Street Address (P.O. Box Number is Not Acceptable) 3575 N.E. 207 ST
City AVENTURA FL Zip Code 33180

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 ________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE	G.P. PRES. + TREASURER	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	AVIVA YEHEZKEL		NAME	
STREET ADDRESS	3892 N.E. 199TH TERRACE		STREET ADDRESS	
CITY-ST-ZIP	AVENTURA, FL. 33180		CITY-ST-ZIP	
TITLE	MEMBER V.P + SECY	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HAIM YEHEZKEL		NAME	
STREET ADDRESS	3892 N.E. 199TH TERRACE		STREET ADDRESS	
CITY-ST-ZIP	AVENTURA,.FL. 33180		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: X [signature] X 2-10-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

FROM : ELYSEE FAX NO. : 3058648560 Feb. 25 2003 10:25AM P2