

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 28, 2007 8:00 am
Secretary of State

02-28-2007 90152 003 ****50.00

DOCUMENT # L03000021076
 1. Entity Name
KOJI SALON, LLC



Principal Place of Business: **601 NORTH CONGRESS AVENUE STE 409 DELRAY BEACH FL 33445**
 Mailing Address: **5220 BENJAMIN AVENUE BOYNTON BEACH FL 33437**



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

1st MOORE CR2E083 (10/06)

City & State

4. FEI Number **20-1195193**
 Applied For
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
**BALLERANO, JAMES A JR.
 1201 GEORGE BUSH BLVD.
 DELRAY BEACH FL 33483-7203**

7. Name and Address of New Registered Agent
 Name **GRACE KHADIJEH R**
 Street Address (P.O. Box Number is Not Acceptable) **5220 601 NORTH CONGRESS ADR STE 409**
 City **DELRAY BCH. FL** FL Zip Code **33445**

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 *X Kh. R. Grace* (NOTE: Registered Agent signature required when reinstating) DATE **2/20/07**

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR GRACE, KHADIJEH R 5220 BENJAMIN AVENUE BOYNTON BEACH FL 33437	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 Kh. R. Grace* Date: **2/20/07** Daytime Phone #: **(361) 921-0182**