2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Mar 13, 2008 08:00 AN **Secretary of State DOCUMENT # L03000044208** 1. Entity Name DSJ SALONS, LLC Mailing Address Principal Place of Business PO BOX 2640 1915 FLORESTA VEIW DR. LUTZ, FL 33548 TAMPA, FL 33618 02222008 No Chg-LLC CR2E083 (12/07) Applied For 4. FEI Number 20-0387735 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE O'LEARY, D. MICHAEL 101 E. KENNEDY BLVD, STE 2700 IN THIS SPACE TAMPA, FL 33602 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. A The Addition to the second and a SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) .03/28/08-80024-011 138.75 FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS MGRM TITLE BEHUNIAK, SCOTT M NAME STREET ADDRESS PO BOX 2640 CITY-ST-ZIP LUTZ, FL 33548 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

FILED