

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 01, 2004 8:00 am**  
**Secretary of State**

04-01-2004 90009 035 \*\*\*158.75

**DOCUMENT # M74183**

1. Entity Name

**SALON VIENNA INC.**



Principal Place of Business

**1235 G PROVIDENCE PLAZA  
DELTONA FL 32725**

Mailing Address

**842 ASHBROOKE COURT  
HEATHROW FL 32746**

2. Principal Place of Business

3. Mailing Address

**107 Oak View Pl.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Sanford, FL**

Zip

Country

Zip

Country

**32773**

**USA**

4. FEI Number

**50-0009812**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RAUCHEGGAR, EMMY  
842 ASHBROOKE COURT  
HEATHROW FL 32746**

Name **Wilma Castro**

Street Address (P.O. Box Number is Not Acceptable)

**107 Oak View Pl.**

City **Sanford**

**FL**

Zip Code

**32773**

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

**Wilma Castro**

**3/30/04**

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**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DCP** ☒ Delete  
NAME **RAUCHEGGER, EMMY**  
STREET ADDRESS **842 ASHBROOKE COURT**  
CITY-ST-ZIP **HEATHROW FL 32746**

TITLE **DCP** ☐ Change ☒ Addition  
NAME **Wilma CASTRO**  
STREET ADDRESS **107 Oak View Pl.**  
CITY-ST-ZIP **Sanford, FL. 32773**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VTD** ☐ Change ☒ Addition  
NAME **Rafael Castro**  
STREET ADDRESS **107 Oak View Pl.**  
CITY-ST-ZIP **Sanford, FL. 32773**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

**Wilma Castro**

**3/30/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**407-330-9201  
407-416-2658**