

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 8:00 am
Secretary of State

03-20-2006 90008 017 ****70.00

DOCUMENT # N19308 1. Entity Name MIAMI SALON GROUP, INC.					
Principal Place of Business % GEORGE GREEN 5500 COLLINS AVENUE SUITE 402 MIAMI BEACH, FL 33140 US			Mailing Address % GEORGE GREEN 5500 COLLINS AVENUE SUITE 402 MIAMI BEACH, FL 33140 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
		01162006 Chg-NP		CR2E037 (11/05)	
		4. FEI Number 59-2764188		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
VACCA, SINA 20191 E COUNTRY CLUB DR APT 1504 AVENTURA, FL 33180			Name MARILYN HOLZBERG Street Address (P.O. Box Number is Not Acceptable) 18181 N.E. 31 CT SUITE 806 City AVENTURA FL Zip Code 33160		
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: MARILYN HOLZBERG		 (NOTE: Registered Agent signature required when reinstating)		DATE 3/5/06	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CP MELIN, OLGA <input checked="" type="checkbox"/> Delete 1800 NE 114 STREET APT 1709 MIAMI, FL 33181		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	COP <input checked="" type="checkbox"/> Delete POMERANCE, SANDY 3760 S DOUGLAS ROAD COCONUT GROVE, FL 33133		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S <input type="checkbox"/> Delete ROSEN, DORIS 5500 COLLINS AVE MIAMI BEACH, FL 33140		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T <input checked="" type="checkbox"/> Delete MELIN, DAVID 1800 NE 114ST APT 1709 MIAMI, FL 33181		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T <input type="checkbox"/> Delete HOLZBERG, MARILYN 18181 NORTHEAST 31 COURT SUITE 806 AVENTURA, FL 33160		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition HOLZBERG, MARILYN 18181 N.E. 31 CT. SUITE 806 AVENTURA, FL 33160	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT <input type="checkbox"/> Delete GREEN, GEORGE 5500 COLLINS AVENUE SUITE 402 MIAMI BEACH, FL 33140		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 617, 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:		3/5/06		305-933-0656	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	