
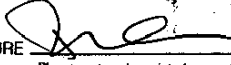



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2007 8:00 am
Secretary of State

02-23-2007 90032 011 ****71.00

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 - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2764188	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent HOLZBERG, MARILYN 18181 N.E. 31 CT. STE. 806 AVENTURA, FL 33160				7. Name and Address of New Registered Agent Name APFEL, ROBERT DDS Street Address (P.O. Box Number is Not Acceptable) 550 SABAL PALM ROAD City MIAMI	
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  ROBERT APFEL DDS, President Feb 21, 2007 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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	S	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSEN, DORIS		NAME	ROSEN, DORIS	
STREET ADDRESS	5500 COLLINS AVE		STREET ADDRESS	5500 COLLINS AVE	
CITY-ST-ZIP	MIAMI BEACH, FL 33140		CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOLZBERG, MARILYN		NAME	APFEL, ROBERT	
STREET ADDRESS	18181 NORTHEAST 31 COURT SUITE 806		STREET ADDRESS	550 SABAL PALM ROAD	
CITY-ST-ZIP	AVENTURA, FL 33160		CITY-ST-ZIP	MIAMI FL 33137	
TITLE	DT	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GREEN, GEORGE		NAME	LEWIS, Allan	
STREET ADDRESS	5500 COLLINS AVENUE SUITE 402		STREET ADDRESS	5660 COLLINS AVE	
CITY-ST-ZIP	MIAMI BEACH, FL 33140		CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE		<input type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	LEIBOWITZ, ISABEL	
STREET ADDRESS			STREET ADDRESS	1506 ISLAND BLVD	
CITY-ST-ZIP			CITY-ST-ZIP	AVENTURA FL 33160	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	SAWYER, CARLENE	
STREET ADDRESS			STREET ADDRESS	3535 HIAWATHA AVE	
CITY-ST-ZIP			CITY-ST-ZIP	MIAMI FL 33133	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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:  ROBERT APFEL DDS, Pres. Feb 21, 2007 305-528-3265 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					