2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008
Secretary of State

DOCUMENT# N19308

Entity Name: MIAMI SALON GROUP, INC.

Current Principal Place of Business:

% GEORGE GREEN
5500 COLLINS AVENUE SUITE 402
MIAMI BEACH, FL 33140 US

New Principal Place of Business:

%ISABEL LEIBOWITZ
1506 ISLAND BLVD.
AVENTURA, FL 33160 US

Current Mailing Address:

% GEORGE GREEN
5500 COLLINS AVENUE SUITE 402
MIAMI BEACH, FL 33140 US

New Mailing Address:

%ISABEL LEIBOWITZ
1506 ISLAND BLVD.
AVENTURA, FL 33160 US

FEI Number: 59-2764188 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

APFEL, ROBERT DOS
550 SABAL PALM RD
MIAMI, FL 33137 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: VP ( ) Delete
Name: ROSEN, DORIS
Address: 5500 COLLINS AVE
City-St-Zip: MIAMI BEACH, FL 33140

Title: P ( ) Delete
Name: APFEL, ROBERT
Address: 550 SABAL PALM RD.
City-St-Zip: MIAMI, FL 33137

Title: VP ( ) Delete
Name: LEWIS, ALLAN
Address: 5660 COLLINS AVE.
City-St-Zip: MIAMI BEACH, FL 33140

Title: T ( ) Delete
Name: LEIBOWITZ, ISABEL
Address: 1506 ISLAND BLVD.
City-St-Zip: AVENTURA, FL 33160

Title: D (X) Delete
Name: SAWYER, CARLENE
Address: 3535 HIAWATHA AVE.
City-St-Zip: MIAMI, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ISABEL LEIBOWITZ TR 02/04/2008
Electronic Signature of Signing Officer or Director Date