

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19308

FILED  
Jan 10, 2009  
Secretary of State

Entity Name: MIAMI SALON GROUP, INC.

## Current Principal Place of Business:

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

## New Principal Place of Business:

## Current Mailing Address:

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

## New Mailing Address:

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

## 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:

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

T

01/10/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date