

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19308

FILED  
Jan 06, 2010  
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:**

WAXMAN, FRANK DR.  
9200 W. BAY HARBOR DRIVE  
BAY HARBOR, FL 33154 US

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: FRANK WAXMAN

01/06/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: WAXMAN, FRANK DR.  
Address: 9200 W. BAY HARBOR DRIVE  
City-St-Zip: BAY HARBOR, FL 33154

Title: PP  
Name: APFEL, ROBERT  
Address: 550 SABAL PALM RD.  
City-St-Zip: MIAMI, FL 33137

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

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

I hereby 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 all other like empowered.

SIGNATURE: ISABEL LEIBOWITZ

TRES

01/06/2010

Electronic Signature of Signing Officer or Director

Date