

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19308

FILED
Jan 03, 2011
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:

WAXMAN, FRANK DR.
9200 W. BAY HARBOR DRIVE
BAY HARBOR, FL 33154 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: 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: MELIN, OLGA
Address: 16051 COLLINS AVE #2601
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: TR
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

TR

01/03/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date