

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 25, 2006 8:00 am**  
**Secretary of State**

08-25-2006 90001 005 \*\*\*150.00

**DOCUMENT # P00000049313**

1. Entity Name  
**SALON DIVA, INC.**



Principal Place of Business  
**4265 LAKE MARY BLVD  
LAKE MARY, FL 32746**

Mailing Address  
**4265 LAKE MARY BLVD  
LAKE MARY, FL 32746**

**50026246**

2. Principal Place of Business

3. Mailing Address  
**2106 Autumn View Drive**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08152006

Chg-P

CR2E034 (11/05)

City & State

City & State  
**Orlando FL**

4. FEI Number

**59-3658033**

Applied For

Not Applicable

Zip

Country

7in  
**32825**

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RUIZ, JESUS  
4265 LAKE MARY BOULEVARD  
LAKE MARY, FL 32746**

Name  
**Jesus Ruiz**

Street Address (P.O. Box Number is Not Acceptable)  
**2106 Autumn View Drive**

City  
**Orlando**

**FL**

Zip Code  
**32825**

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

**Jesus Ruiz**

**08/18/06**

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 6, 2006**

9. Election, Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
RUIZ, JESUS  
4265 LAKE MARY BOULEVARD  
LAKE MARY, FL 32746** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
Jesus Ruiz  
2106 Autumn View Drive  
Orlando FL 32825** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 607, 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:

**Jesus Ruiz**

**08/18/06**

**407-302-2228**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #