

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 APR 27 AM 11:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P01000042219**

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



Principal Place of Business  
**13700 S.W. 62 STREET  
# 245  
MIAMI, FL 33183**

Mailing Address  
**13700 S.W. 62 STREET  
# 245  
MIAMI, FL 33183**

2. Principal Place of Business  
**12818 S.W. 8 St**

3. Mailing Address  
**12818 S.W. 8 St.**

City & State  
**Miami, Florida**

Zip  
**33184**

Country  
**USA**

04212004 Chg-P CR2E034 (10/03)

4. FEI Number  
**65-1121182**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**RIVAS, JORGE L  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

7. Name and Address of New Registered Agent  
Name **Jorge L Rivas**  
Street Address (P.O. Box Number is Not Acceptable)  
**12818 S.W. 8 St.**  
City **Miami** FL Zip Code **33184**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D RIVAS, JORGE L 113700 S.W. 62ND ST. APT. 245 MIAMI, FL 33183</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>12818 S.W. 62nd St. Apt 245 Miami, FL 33183</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CRUZ, JOEL 12875 S.W. 17TH ST. MIAMI, FL 33183</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>400035821074</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>05/10/04--01074--012 ***150.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: \_\_\_\_\_ **04-23-2004 305-225-4979**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #