FROM :Michael Melendez FAX NO. :305 971 2367

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Apr 30, 2004 8:00 am
Secretary of State
04-30-2004 90338 050 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000055384

1. Entity Name
SALERM PROFESSIONAL COSMETICS OF ORLANDO FL, INC.

14014954

Principal Place of Business	Mailing Address
6140 EDGEWATER DRIVE UNIT C ORLANDO, FL 32810	6140 EDGEWATER DRIVE UNIT C ORLANDO, FL 32810

04262004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number ~~59-3730840~~ 59-3739940 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

GARCIA, GERMAN
620 N INDIGO RD
ALTAMONTE SPRINGS, FL 32714

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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 _____ DATE
Signature, type or printed name of registered agent and date if applicable. (NOTE: Registered agent signature required when reinstating)

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

TITLE	DP
NAME	GARCIA, GERMAN
STREET ADDRESS	620 N INDIGO RD
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE	DV
NAME	GARCIA, CARMEN
STREET ADDRESS	620 N INDIGO RD
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE	DT
NAME	GARCIA, DOMINGO
STREET ADDRESS	620 N INDIGO RD
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE	DS
NAME	GARCIA, GERMI E
STREET ADDRESS	620 N INDIGO RD
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Germain Garcia
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #