

FROM : Michael Melendez

FAX NO. : 305 971 2367

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

14014954



04262004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3730840 59-373940	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
 IN THIS SPACE**

9. 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

Signature, typewritten name of registered agent and date of application.

DATE: Registered agent signature required when reappointing.

DATE:

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

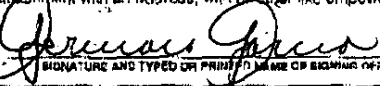
9. Election Campaign Financing
 Trust Fund Contribution ☐ **\$5.00 May Be
 Added to Fees**

10. OFFICERS AND DIRECTORS

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

**DO NOT WRITE
 IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(b), 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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #