

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 07, 2004 8:00 am**  
**Secretary of State**

03-26-2004 90016 014 \*\*\*150.00

66410146



MOORE CR2E034 (11/03)

<b>DOCUMENT # P01000077910</b> 1. Entity Name <b>SALON FREDDY, CORP.</b>					
Principal Place of Business <b>8934 S.W. 40TH ST MIAMI FL 33165</b>			Mailing Address <b>8934 S.W. 40TH ST MIAMI FL 33165</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>65-1127751</b> <div style="float: right; text-align: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>FORTUN, REMIGIO C 8934 S.W. 40TH ST MIAMI FL 33165</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code	
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 _____ <small>Signatures, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004, Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete <b>FPRTUN, REMIGIO C 4163 SW 92ND AVE MIAMI FL 33165</b>		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	<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	<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	<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	<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	<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: <u><i>Fortun</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>04/04/04</u> Daytime Phone # <u>(305) 480-9800</u>		

Department of Justice  
Immigration and Naturalization Service

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66410146

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Petition for Name Change

United States District Court  
Miami, Florida

(NAME OF COURT)

As part of the naturalization process, you have the opportunity to legally change your name. Please complete lines 1 - 8 (Type or print clearly).

My full and correct name (current name):

1. REMIGIO CLETO FORTUN  
(FIRST) (MIDDLE) (LAST)

2. Address: 20 Island Ave # 902 Miami Beach, FL 33139  
(Number/Street) (City/State) (Zip Code)

3. Country of Nationality: Cuba 4. Date of Birth: 04/26/1961  
(Month) (Day) (Complete Year)

5. Alien Registration Card (Green Card) Number: A 039 273 628

6. I certify that I am not seeking a change of name for any unlawful purpose such as the avoidance of debt or evasion of law enforcement.

7. I petition the court to change my name to:

FREDDY FORTUN  
(FIRST) (MIDDLE) (LAST)

8. Date: 1/15/2003

Remigio Cleto Fortun  
Signature of Petitioner, (current name)

CERTIFICATION OF NAME CHANGE

I CERTIFY THAT THE ABOVE PETITION WAS GRANTED BY THE COURT ON MAR 27 2003  
(Date)

CLARENCE G. MADDOX, II

M. Schavarrin  
(Clerk)  
(Deputy Clerk)

IMPORTANT INFORMATION

Your copy of this petition, along with your Certificate of Naturalization, which you will receive upon taking the oath of allegiance, will verify that you elected to change your name. Your Certificate of Naturalization bears your new name as changed per Order of the Court.


Attachment

Note:

0604/0/46  
P01000077910

I HAVE RECENTLY BECOME A CITIZEN  
AND HAVE CHANGED MY NAME TO FREDDY FORTUN.  
ATTACHED IS MY PETITION FOR NAME  
CHANGE FROM THE DEPARTMENT OF JUSTICE.  
ALONG WITH MY DRIVER'S LICENSE AND  
SOCIAL SECURITY CARD; CHANGE MY HOME  
ADDRESS

**Florida** DRIVER LICENSE CLASS E



**The Sunshine State**  
LICENSE NUMBER  
**F635-240-61-146-0**  
**FREDDY FORTUN**  
20 ISLAND AVENUE APT 902  
MIAMI BEACH, FL 33139-0000

BIRTH DATE	SEX	HGT.	REST.	ENDORSE.
04-28-61	M	5-08		

ISSUED	EXPIRES	DUPLICATE
02-22-89	04-28-06	04-08-03

ORGAN DONOR  
SAFE DRIVER

Operation of a motor vehicle constitutes consent to any sobriety test required by law.

