


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 17, 2006 08:00 AM
Secretary of State**

| | | |
|---|--|---|
| DOCUMENT # P01000100783 1. Entity Name ACTUA, THE SALON, INC. | |  |
| Principal Place of Business 262 GIRALDA AVE. CORAL GABLES, FL 33134 | Mailing Address 262 GIRALDA AVE. CORAL GABLES, FL 33134 | |
| DO NOT WRITE IN THIS SPACE | | |
| 6. Name and Address of Current Registered Agent GONZALEZ, PETER 12230 SW 16TH TER., #J-104 MIAMI, FL 33175 | | DO NOT WRITE IN THIS SPACE |
| <p style="text-align: center;">(NO CHANGES)</p> <p>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.</p> <p>SIGNATURE: <u>Peter Gonzalez</u> PETER GONZALEZ <small>Signature (typed or printed name of registered agent and, if applicable, (b)(7)(C) Registered Agent signature required when remitting fee)</small></p> <p>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</p> <p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p> | | |
| 10. OFFICERS AND DIRECTORS | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GONZALEZ, PETER 12230 SW 16TH TERR., #J-104 MIAMI, FL 33175 | DO NOT WRITE IN THIS SPACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP PEREZ DE CORCHO, MARIA C 12230 S.W. 16TH TERR. #J104 MIAMI, FL 33175 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SVP MOREY, RICHARD 16162 S.W. 79 TERR MIAMI, FL 33193 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| 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 fee empowered. | | |
| SIGNATURE: <u>Peter Gonzalez</u> PETER GONZALEZ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | 4-11-06 305-447-9200 <small>Date Daytime Phone #</small> |



04112006 No Chg-P CR2E034 (11/05)

4. FEI Number
NOT APPLICABLE ☒ Applied For
☒ Not Applicable

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

000000512329^M
04/29/06-80080-022 150.00^M