


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 10, 2004 8:00 am**  
**Secretary of State**

03-10-2004 90019 008 \*\*\*150.00

DOCUMENT # P01000102518 1. Entity Name CACHE SALON, INC.	
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Principal Place of Business 300 S.W. 107TH AVENUE, #201 MIAMI, FL 33174	Mailing Address 300 S.W. 107TH AVENUE, #201 MIAMI, FL 33174
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DO NOT WRITE IN THIS SPACE

02062004 No Chg-P CR2E034 (03/03)

4. FEI Number 65-1147321	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

GONZALEZ, MARTHA  
300 S.W. 107TH AVENUE, #201  
MIAMI, FL 33174

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B. 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, typed or printed name of registered agent and title 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 NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, MARTHA 300 S.W. 107TH AVENUE, #201 MIAMI, FL 33174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MICHAELS, JAMIE L 300 S.W. 107TH AVENUE, #201 MIAMI, FL 33174
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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: J. Michaels J. MICHAELS, DIRECTOR Date: 4/6/04 305-225-8733  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #