## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P01000119715

1. Entity Name SALON TOOL BOX INC.



Principal Place of Business

2111 NORTH 32ND AVENUE HOLLYWOOD, FL 33021 Mailing Address

2111 NORTH 32ND AVENUE HOLLYWOOD, FL 33021

## FILED Apr 13, 2006 8:00 am Secretary of State

03-30-2006 90035 008 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

/ i 6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 DO NOT WRITE IN THIS SPACE

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_	Signature, typed or printed name of registered agent and title	il applicable. (NOTE: Registered	Agent signature	required when reinstating)	CATE
FILE NOW!!! FEE 19 \$150.00 After May 1, 2006 Fee will be \$550.00  2. Election Campeign Finance Trust Full & Contribution			cing	\$5,00 May Be Added to Fees	
10.	OFFICERS AND DIRECT	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD COPE, LINDA 2111 NORTH 32ND AVENUE HOLLYWOOD, FL 33021				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
NAME STREET ADDRESS			<u> </u>	DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS C/TY-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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name eppears 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 BIGHING OFFICER OR DIRECTOR

Date Date