2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000015750

Entity Name

Principal Place of Business

THE SALON AT EMERALD HILLS, INC.



Mailing Address

3385 SHERIDAN STREET 3385 SHERIDAN STREET HOLLYWOOD, FL 33021 HOLLYWOOD, FL 33021

FILED Mar 22, 2004 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

01072004 No Chg-P CR2E034 (10/03)

4. FEI Number 03-0395680	,		Applied For Not Applicable
5. Certificate of Status Desired		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MENESES, CLARA 3385 SHERIDAN STREET HOLLYWOOD, FL 33021

DO NOT WRITE IN THIS SPACE

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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	DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees							
10.	OFFICERS AND DIREC	CTORS					
TITLE NAME STREET ADDRESS CITY-ST-JP	D MENESES, CLARA 3385 SHERIDAN STREET HOLLYWOOD, FL 33021				U00000094082 U3/22/04-80045-001 150.00		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP					- -		
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f). 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 constraints of the constraints of the constraints of the constraints of the constraints.							

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 cath, 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 OF PRINTED NAME OF SIGNING OFFICER OR DESCRIPTION

3/18/04 954-987-3210