



**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

Dept of State Fla 150
FILED

Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000040677		
1. Entity Name SALON DEL PRADO, INC.		
Principal Place of Business 18031 BISCAYNE BLVD #2 AVENTURA, FL 33180	Mailing Address 18031 BISCAYNE BLVD #2 AVENTURA, FL 33180	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent GERSTENFELD, ERWIN 18031 BISCAYNE BLVD #2 AVENTURA, FL 33180		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 _____ <small>Signature, typed or printed name of registered agent, not applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
		U000000135944 04/28/04-80076-014 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GERSTENFELD, ERWIN 18031 BISCAYNE BLVD #2 AVENTURA, FL 33180	
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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:  ERWIN GERSTENFELD 4/18/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		