
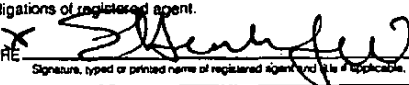
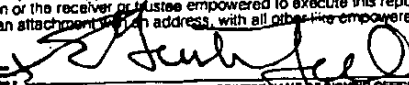


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 02, 2005 8:00 am
Secretary of State

07-05-2005 90115 029 ***150.00

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	
2. Principal Place of Business		3. Mailing Address 17230 NE 11 Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State No. MIAMI BEACH, FL	
Zip	Country	Zip 33162	Country
4. FEI Number 46-0476523		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GERSTENFELD, ERWIN 18031 BISCAYNE BLVD #2 AVENTURA, FL 33180		7. Name and Address of New Registered Agent Name GERSTENFELD, ERWIN Street Address (P.O. Box Number Is Not Acceptable) 17230 NE 11 Ave City No. MIAMI BEACH FL Zip Code 33162	
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  ERWIN GERSTENFELD DATE 6/10/05 <small>(NOTE: Registered Agent signature required when reappointing)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.183(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GERSTENFELD, ERWIN 18031 BISCAYNE BLVD #2 AVENTURA, FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D P GERSTENFELD, ERWIN 17230 NE 11 Ave No. MIAMI BEACH, FL 33162 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 to this address, with all other officers empowered.			
SIGNATURE:  ERWIN GERSTENFELD		Date 6/10/05 Deponent Phone #	

ATTACHMENT

46025325

**SALON DEL PRADO, INC.
17230 N.E. 11TH AVENUE
NORTH MIAMI BEACH, FL 33162**

July 28, 2005

**Florida Department of State
PO Box 6327
Tallahassee, FL 32314**

**re: Salon del Prado
Uniform Business Report 2005
P02000040677**

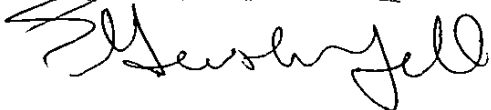
Gentlemen:

**Please accept the filing of the 2005 Uniform Business Report as filed.
We did not receive the notices to file due to a change of address for the
corporation.**

Please accept the payment which we have already made as payment in full.

Thank you very much.

Very truly yours,



Erwin Gerstenfeld, President