




**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 28, 2006 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 17230 NE 11 AVE NORTH MIAMI, FL 33162	
DO NOT WRITE IN THIS SPACE			
		 02272006 No Chg-P CR2E034 (11/05)	
		4. FCI 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 17230 NE 11 AVE NORTH MIAMI, FL 33162		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 and title if applicable (NOTE: Registered Agent signature required when certifying)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
NAME STREET ADDRESS CITY ST ZIP	DP GERSTENFELD, ERWIN 17230 NE 11 AVE NORTH MIAMI BEACH, FL 33162		
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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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR</small>		Date: 2/23/06 <small>Signature Printed If</small>	