2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2008 8:00 am
Secretary of State

02-01-2008 90028 004 ***150.00

DOCUMENT # P02000044915

1. Entity Name
SALON ELYSEE, INC.

66002356

Principal Place of Business	Mailing Address
819 N. MILLS AVE. ORLANDO, FL 32803	819 N. MILLS AVE. ORLANDO, FL 32803

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
165 South ORANGE AVE	165 SOUTH ORANGE AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State ORLANDO FL	City & State ORLANDO FL
Zip 32801 Country USA	Zip 32801 Country USA

01272008 Chg-P CR2E034 (12/06)

4. FEI Number 01-0701933 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MAK, KAM WAI P 819 N. MILLS AVE. ORLANDO, FL 32803	Name MAK KAM WAI P. Street Address (P.O. Box Number is Not Acceptable) 165 SOUTH ORANGE AVE City ORLANDO FL Zip Code 32801

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] 1/27/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MAK, KAM WAI P 819 N. MILLS AVE. ORLANDO, FL 32803 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	165 South ORANGE AVE ORLANDO FL 32801 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
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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: [signature] 3/1/08 4078968962
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

P02000044915

ATTACHMENT

Florida Division of Corporation

660023560

Date : Jan 27, 2008

Dear department

I would like to inform to your department that the business has already relocated in a different location as the information above. Everything will be kept the same but new address only. Please review . Thank you of your service .

Sincerely

Kam wai MAK/ Salon Elysee Inc.

165 S. Orange Ave

Orlando FL 32801

Tel : 407 896 8962