


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 03, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000063472</b> 1. Entity Name <b>SALON PARK AVENUE INC.</b>	
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Principal Place of Business 1177 PARK AVENUE STE 13 ORANGE PARK FL 32073	Mailing Address 1177 PARK AVENUE STE 13 ORANGE PARK FL 32073
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2. Principal Place of Business	3. Mailing Address	4. FEI Number	5. Certificate of Status Desired
Suite, Apt. #, etc.	Suite, Apt #, etc.	52-2381948	<input type="checkbox"/> \$8.75 Additional Fee Required
City & State	City & State		
Zip	Country	Zip	Country



MOORE CR2E034 (11/03)

<b>6. Name and Address of Current Registered Agent</b>  MCBRIDE, TAKAKO 4619 PINE AVE ORANGE PARK FL 32003	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCBRIDE, TAKAKO	NAME	U00000032066
STREET ADDRESS	4619 PINE AVE	STREET ADDRESS	02/04/04-80175-001 150.00
CITY-ST-ZIP	ORANGE PARK FL 32003	CITY-ST-ZIP	
CITY-ST-ZIP		CITY-ST-ZIP	
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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)(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 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:** Takako McBride (TAKAKO MCBRIDE) 2/02/04 (904) 269-4480  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #