


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90043 031 \*\*\*150.00

DOCUMENT # P02000068230					
<b>1. Entity Name</b> SANEL SALON, INC.					
<b>Principal Place of Business</b> 10 EDGEWOATER DR CORAL GABLES, FL 33133			<b>Mailing Address</b> 10 EDGEWOATER DR CORAL GABLES, FL 33133		
<b>2. Principal Place of Business</b> 4326 SW 147 PL. Suite, Apt. #, etc.		<b>3. Mailing Address</b> 4326 SW 147 PL. Suite, Apt. #, etc.			
<b>City &amp; State</b> MIAMI FL		<b>City &amp; State</b> MIAMI FL		<b>4. FEI Number</b> 43-1965198	
<b>Zip</b> 33180		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  SIMONI, ELVIRA 10 EDGEWOATER DR CORAL GABLES, FL 33133			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 4326 SW 147 PL. City MIAMI FL Zip Code 33180		
<b>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.</b> SIGNATURE: <i>[Signature]</i> DATE: 4-12-04 <small>(Signature, typed or printed name of registered agent and (do if applicable) (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>DP</b> VELOZ, SANDRA 10 EDGEWOATER DR CORAL GABLES, FL 33133	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>DSV</b> SIMONI, ELVIRA 10 EDGEWOATER DR CORAL GABLES, FL 33133	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	Veloz, SOVEIDA 15936 SW 81 Ter MIAMI FL 33193	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	4326 SW 147 PL. MIAMI FL 33180	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	8414 SW 163 PL. MIAMI FL 33183	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	TREASURER Veloz, SOVEIDA 15936 SW 81 Ter MIAMI FL 33193	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	4326 SW 147 PL. MIAMI FL 33180	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	8414 SW 163 PL. MIAMI FL 33183	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	4326 SW 147 PL. MIAMI FL 33180	<input type="checkbox"/> Delete			
<b>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.</b> SIGNATURE: <i>[Signature]</i> DATE: 4-12-04 (305) 740-9111 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #</small>					