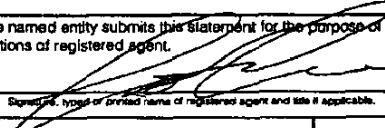


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

4 Apr 27, 2006 8:00 am
Secretary of State

04-10-2006 90321 023 ***150.00

DOCUMENT # P03000004594			
1. Entity Name ECHO SALON, INC.			
Principal Place of Business 701 EAST LAS OLAS BLVD. FT. LAUDERDALE, FL 33301		Mailing Address 701 EAST LAS OLAS BLVD. FT. LAUDERDALE, FL 33301	
2. Principal Place of Business 420 SE 6 th AVE Suite, Apt. #, etc.		3. Mailing Address 420 SE 6 th AVE Suite, Apt. #, etc.	
City & State FT. LAUDERDALE, FL Zip 33301 Country U.S.		City & State FT. LAUDERDALE, FL Zip 33301 Country U.S.	
4. FEI Number 59-3767857		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		03072006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent GENOVESE, JAMES 701 EAST LAS OLAS BLVD. FT. LAUDERDALE, FL 33301		7. Name and Address of New Registered Agent Name: GENOVESE, JAMES Street Address (P.O. Box Number is Not Acceptable): 420 SE 6 th AVE City: FT. LAUDERDALE FL Zip Code: 33301	
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: 4/1/06 Signature is typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	P GENOVESE, JAMES 701 EAST LAS OLAS BLVD FORT LAUDERDALE, FL 33301 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GENOVESE, JAMES 420 SE 6 th AVE FT. LAUDERDALE, FL 33301 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: 		Date: 4/23/06 Daytime Phone #	

66016111

