
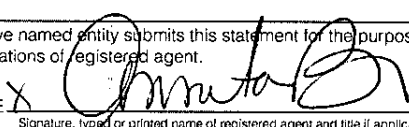
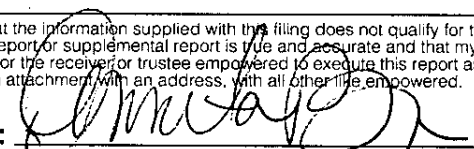


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Sep 08, 2004 8:00 am**  
**Secretary of State**

09-08-2004 90120 044 \*\*\*150.00

<b>DOCUMENT # P03000037167</b> 1. Entity Name <b>STUDIO ETRO SALON, INC.</b>					
Principal Place of Business <b>7305 N STATE RD 7 PARKLAND, FL 33073</b>			Mailing Address <b>7305 N STATE RD 7 PARKLAND, FL 33073</b>		
2. Principal Place of Business <b>5430 NW 57 way</b> Suite, Apt. #, etc.		3. Mailing Address <b>5430 NW 57 way</b> Suite, Apt. #, etc.			
City & State <b>CORAL SPRINGS, FL</b> Zip <b>33067</b> Country		City & State <b>CORAL SPRINGS, FL</b> Zip <b>33067</b> Country <b>USA</b>		4. FEI Number <b>06-1693908</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>BAKER, ANNITA 12232 NW 49TH DR CORAL SPRINGS, FL 33076</b>			7. Name and Address of New Registered Agent Name <b>ANNITA BAKER</b> Street Address (P.O. Box Number is Not Acceptable) <b>5430 NW 57 way</b> City <b>CORAL SPRING</b> <b>FL</b> Zip Code <b>33067</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. SIGNATURE  DATE <b>7.16.04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	<b>D BAKER, ANNITA 12232 NW 49TH DR CORAL SPRINGS, FL 33076</b>	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>5430 NW 57 way CORAL SPRINGS, FL 33067</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 life empowered.					
SIGNATURE: 		Date <b>7.16.04</b> Daytime Phone #			

Attachment

44052408

<b>DOCUMENT # P03000037167</b>					
<b>1. Entity Name</b> STUDIO ETRO SALON, INC.					
<b>Principal Place of Business</b> 7305 N STATE RD 7 PARKLAND, FL 33073			<b>Mailing Address</b> 7305 N STATE RD 7 PARKLAND, FL 33073		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
			<b>4. FEI Number</b>		<b>Applied For</b> <input type="checkbox"/> Not Applicable
			<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>			<b>7. Name and Address of New Registered Agent</b>		
BAKER, ANNITA 12232 NW 49TH DR CORAL SPRINGS, FL 33076			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City <b>FL</b> Zip Code		
<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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BAKER, ANNITA		NAME		
STREET ADDRESS	12232 NW 49TH DR		STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS, FL 33076		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
<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>					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small> _____ <small>Daytime Phone #</small> _____					

*Attachment*



*44052408*

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

August 18, 2004

DAVID HERNANDEZ  
MAS  
P.O. BOX 771210  
CORAL SPRINGS, FL 33077-1210

SUBJECT: STUDIO ETRO SALON, INC.  
Ref. Number: P03000037167

Thank you for your correspondence of July 16, 2004, which has been forwarded to me for response.

Enclosed is a 2004 annual report for filing. All this office received was the enclosed photocopy. We have not received the report or check. Please complete and return the enclosed annual report.

The fee to file the enclosed profit annual report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

**TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Sean Toner  
Senior Section Administrator

Letter Number: 504A00050912

Division of Corporations  
1119 North Monroe Street  
Tallahassee, Florida 32302-1500  
(850) 245-6059

*Attachment*  
M A S # 44052408  
PO BOX 771210  
Coral Springs, Fl. 33077-1210  
954-346-7288 - Broward 954-346-7217 Fax 305-621-9382 - Dade

07/16/04

Florida Department of State  
PO BOX 6327  
Tallahassee, Fl. 32314

Re: Studio Etro Salon, Inc.  
Doc # P03000037167

- To Whom It May Concern:

We are enclosing an original signed copy of the application for the corporate annual renewal for our client, Studio Etro Salon, Inc


We are providing a check for the annual fee; however, we have not included the penalty, as the client did not receive the postcard sent to companies to file the renewal due to a change in address. The original forwarding had expired.

The client then received a notice, advising of intent to dissolve. They then asked our assistance to complete the form and file it on his behalf.

Therefore we are requesting reinstatement on behalf of Studio Etro Salon, Inc based on not having received his 2004 Uniform business report due to a change of address.

The client has been made aware of the filing deadline for future years.  
Should you have any questions, please contact my office.

Thank you,  
Sincerely,



David Hernandez