2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000081045

1. Entity Name
ACQUALUNA SALON, INC.

FILED
07 AUG 22 AM 11:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1913 PONCE DE LEON BLVD. CORAL GABLES, FL 33134	1913 PONCE DE LEON BLVD. CORAL GABLES, FL 33134

08202007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 86-1074288 ☐ 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
LIVIERO, DOMENICO D 1913 PONCE DE LEON BLVD. CORAL GABLES, FL 33134	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

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 LIVIERO, DOMENICO D 1913 PONCE DE LEON BLVD. CORAL GABLES, FL 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 700108990027 08/31/07--01010--013 **150.00
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition B 8/24/07

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: Ninfa Prieto
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Page 2 of 2

August 18, 2007

Division of Corporations
P.O. Box 6198
Tallahassee, Florida 32314-6198

Re: **ACQUALUNA SALON, INC**
Doc. Number: **P03000081045**
FEI Number: **86-1074288**

Gentleman:
Enclosed please find Reinstatement form, for the above corporation and a check in the amount $ 150.00 for the year 2007.

We never received the form for the report, please abate the penalty since we were not aware that it was not done.

Thanking you for your help and cooperation in this matter.

Cordially,

Vivian Prieto
ACQUALUNA SALON, INC