

2007 FOR PROFIT CORPORATION ANNUAL REPORT

Page 1 of 2

DOCUMENT # P03000081045 1. Entity Name ACQUALUNA SALON, INC.						FILED 07 AUG 22 AM 11: 58 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 1913 PONCE DE LEON BLVD. CORAL GABLES, FL 33134				Mailing Address 1913 PONCE DE LEON BLVD. CORAL GABLES, FL 33134			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.				08202007 Chg-P CR2FC34 (12/06)	
City & State Zip Country		City & State 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 LIVIERO, DOMENICO D 1913 PONCE DE LEON BLVD. CORAL GABLES, FL 33134			
7. Name and Address of New Registered Agent 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 this is acceptable. (NOTE: Registered Agent signature required when renouncing) (DATE)			
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees				10. OFFICERS AND DIRECTORS			
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		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Change ☐ Addition 700108890827 08/31/07--01010--013 **150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		V PRIETO, NINFA 1913 PONCE DE LEON BLVD. CORAL GABLES, FL 33134 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		T LIVIERO, DOMENICO D 1913 PONCE DE LEON BLVD. CORAL GABLES, FL 33134 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		S PRIETO, NINFA 1913 PONCE DE LEON BLVD. CORAL GABLES, FL 33134 ☐ 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	
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: <i>Ninfa Prieto</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date: <i>8/24/07</i> Date			

PAGE 202

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**

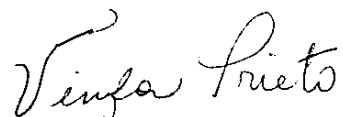
Gentleman:

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,


/ **ACQUALUNA SALON, INC**