

2007 FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

2007 SEP 17 PM 4:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09112007 No Chg-P CR2E034 (11/05)

DOCUMENT # P03000093049

1. Entity Name
SALON RADIUS, INC.



Principal Place of Business
6564 N STATE RD 7
COCONUT CREEK, FL 33073

Mailing Address
6564 N STATE RD 7
COCONUT CREEK, FL 33073

DO NOT WRITE IN THIS SPACE

4. FEI Number 87-0706056	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SABATINO, PATRICIA
6564 N STATE RD 7
COCONUT CREEK, FL 33073

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD CZINNER, SHIELA R 6564 N STATE RD 7 COCONUT CREEK, FL 33073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD SABATINO, PATRICIA 6564 N STATE RD 7 COCONUT CREEK, FL 33073
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09/17/07--01045--020 **150.00

**DO NOT WRITE
IN THIS SPACE**

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: [Signature] 9-13-07 954-437-9005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

9/18/07