

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P03000107070

1. Entity Name

SALON RICARD II, INC.



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

04-08-2004 90008 013 ***150.00

Principal Place of Business
900 EAST INDIANTOWN RD., STE. 103
JUPITER FL 33477

Mailing Address
900 EAST INDIANTOWN RD., STE. 103
JUPITER FL 33477

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

57-1191587

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MEISEL, KEITH W
712 US HWY. ONE, STE. 230
NORTH PALM BEACH FL 33408

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

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 D
NAME DEBRINCAT, PATRICIA
STREET ADDRESS 900 EAST INDIANTOWN RD., STE. 103
CITY-ST-ZIP JUPITER FL 33477

TITLE D
NAME DEBRINCAT, RICHARD
STREET ADDRESS 900 EAST INDIANTOWN RD., STE. 103
CITY-ST-ZIP JUPITER FL 33477

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change 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 like empowered.

SIGNATURE:

Richard DeBrincat

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-304 (561) 744-1012

Date

Daytime Phone #