

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000110795

1. Entity Name
THE LOUNGE SALON, INC.



Principal Place of Business
**11 SOUTHWEST 7TH STREET
MIAMI, FL 33130**

Mailing Address
**11 SOUTHWEST 7TH STREET
MIAMI, FL 33130**

DO NOT WRITE IN THIS SPACE



02222005 No Chg-P CR2E034 (10/03)

4. FEI Number
14-1892320

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GARCIA, GRIZEIDA
11 SOUTHWEST 7TH STREET
MIAMI, FL 33130**

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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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

☒ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GARCIA, GRIZEIDA
STREET ADDRESS	11 SOUTHWEST 7TH STREET
CITY-ST-ZIP	MIAMI, FL 33130
TITLE	VP
NAME	CRUZ, LISETTE
STREET ADDRESS	14062 SOUTHWEST 48TH STREET
CITY-ST-ZIP	MIAMI, FL 33175
TITLE	T
NAME	RODRIGUEZ, ROGER JR.
STREET ADDRESS	14062 SOUTHWEST 48TH STREET
CITY-ST-ZIP	MIAMI, FL 33175
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/07/05-80071-003 155.00

**DO NOT WRITE
IN THIS SPACE**

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 empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #