


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2008 8:00 am**  
**Secretary of State**

01-23-2008 90009 048 \*\*\*150.00

<b>DOCUMENT # P04000013985</b> 1. Entity Name SPAZIO SALON, INC.					
Principal Place of Business 8855 HYPOLUXO RD C-12 LAKE WORTH, FL 33467			Mailing Address 8855 HYPOLUXO RD C-12 LAKE WORTH, FL 33467		
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	01162008    Chg-P    CR2E034 (12/06)	
4. FEI Number 20-0633760				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <del>HADAR, EZRA 7154 VIA FIRENZE BOCA RATON, FL 33433</del>			7. Name and Address of New Registered Agent Name <u>HADAR BARUKH</u> Street Address (P.O. Box Number is Not Acceptable) <u>8855 HYPOLUXO RD C-12</u> City <u>LAKE WORTH</u> FL <u>33467</u>		
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 <u>Barukh Hadar</u> <sup>DATE</sup> <u>1/17/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	<del>D HAZAR, EZRA 7154 VIA FIRENZE BOCA RATON, FL 33433</del>		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete HADAR, BARUKH 6627 STONEHURST CIRCLE LAKE WORTH, FL 33467		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	3373 LABO DE TALAVERA LAKE WORTH, FL 33467-1069	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Barukh Hadar</u> <sup>SIGN, PRINT NAME</sup> <u>DATE, FL</u> <u>1/17/08</u> <u>561-966-2471</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					