

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000056523

Entity Name: SALON ALEXANDRIA INC.

FILED  
Jan 07, 2009  
Secretary of State

## Current Principal Place of Business:

120 ALEXANDRIA BLVD.  
SUITE 15  
OVIEDO, FL 32765 US

## New Principal Place of Business:

## Current Mailing Address:

120 ALEXANDRIA BLVD.  
SUITE 15  
OVIEDO, FL 32765 US

## New Mailing Address:

FEI Number: 20-0996047

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CAPPABIANCA, KAREN L  
120 ALEXANDRIA BLVD.  
SUITE 15  
OVIEDO, FL 32765 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MACPHERSON, JANET K  
Address: 1519 BRAEWICK ST  
City-St-Zip: WINTER SPRINGS, FL 32708 US

Title: VP ( ) Delete  
Name: NARKIEWICZ, CORINNE  
Address: 1205 STONE HARBOUR RD  
City-St-Zip: WINTER SPRINGS, FL 32708 US

Title: TRES ( ) Delete  
Name: CAPPABIANCA, KAREN L  
Address: 510 AUGUSTINE CT  
City-St-Zip: OVIEDO, FL 32765 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN CAPPABIANCA

TRES

01/07/2009

Electronic Signature of Signing Officer or Director

Date