2007 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Apr 26, 2007 08:00 AM Secretary of State DOCUMENT # P04000072559 1. Entity Name WILLIAM PERMUY SALON CORP. Principal Place of Business Mailing Address 2712 PONCE DE LEON BLVD. 2712 PONCE DE LEON BLVD. CORAL GABLES, FL 33134 CORAL GABLES, FL 33134 04232007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 56-2459385 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent PERMUY, WILLIAM DO NOT WRITE 2712 PONCE DE LEON BLVD. CORAL GABLES, FL 33134 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. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE PERMUY, WILLIAM STREET ADDRESS 2712 PONCE DE LEON BLVD. CITY-ST-7/P CORAL GABLES, FL 33134 TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 Jeport 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 of fusiges 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 a godfress, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP