.. 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2007 08:00 AM Secretary of State **DOCUMENT # P04000088827** SALÓN DEFAU. INC. Principal Place of Business Mailing Address 5972 CORAL RIDGE DR 5972 CORAL RIDGE DR CORAL SPRINGS, FL 33076 CORAL SPRINGS, FL 33076 CR2E034 (11/05) 04242007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4, FEI Number 20-1250288 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE DEFAU, BRYON 5972 CORAL RIDGE DR CORAL SPRINGS, FL 33076 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 bille if applicable (NOTE: Registered Agent signature required when reinstating) U00000746027 05/16/07-80051-024 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE DEFAU, BRYON NAME STREET ADDRESS 5972 CORAL RIDGE DR CORAL SPRINGS, FL 33076 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 an other like empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

> SIGNATURE AND ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR