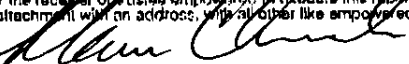


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90060 001 ***150.00

DOCUMENT # P04000104316 1. Entity Name SALON AMICI INC.			
Principal Place of Business 3200 N MILITARY TRAIL SUITE 201 BOCA RATON, FL 33431		Mailing Address 3200 N MILITARY TRAIL SUITE 201 BOCA RATON, FL 33431	
2. Principal Place of Business - No P.O. Box # 950 Peninsula Corp. Circle Suite, Apt. #, etc. Suite 2000 City & State Boca Raton, FL		3. Mailing Address 950 Peninsula Corp. Circle Suite, Apt. #, etc. Suite 2000 City & State Boca Raton, FL	
Zip 33487	Country USA	Zip 33487	Country USA
4. FEI Number 34-2004283		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RICCARDI, MARIA 3200 N MILITARY TRAIL SUITE 201 BOCA RATON, FL 33431		7. Name and Address of New Registered Agent Name Riccardi, Maria Street Address (P.O. Box Number is Not Acceptable) 950 Peninsula Corp. Circle Suite 2000 City Boca Raton FL Zip Code 33487	
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 fee if applicable. (NOTE: Registered Agent signatures required when withdrawing.) DATE			
FILE NOW! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME RICCARDI, MARIA ☐ Delete STREET ADDRESS 3200 N MILITARY TRAIL SUITE 201 CITY-ST-ZIP BOCA RATON, FL 33431	TITLE D ☒ Change ☐ Addition NAME Riccardi, Maria STREET ADDRESS 950 Peninsula Corp. Circle Ste 2000 CITY-ST-ZIP Boca Raton, FL 33487		
TITLE NAME ☐ Delete STREET ADDRESS CITY-ST-ZIP	TITLE NAME ☐ Change ☐ Addition STREET ADDRESS CITY-ST-ZIP		
TITLE NAME ☐ Delete STREET ADDRESS CITY-ST-ZIP	TITLE NAME ☐ Change ☐ Addition STREET ADDRESS CITY-ST-ZIP		
TITLE NAME ☐ Delete STREET ADDRESS CITY-ST-ZIP	TITLE NAME ☐ Change ☐ Addition STREET ADDRESS CITY-ST-ZIP		
TITLE NAME ☐ Delete STREET ADDRESS CITY-ST-ZIP	TITLE NAME ☐ Change ☐ Addition STREET ADDRESS CITY-ST-ZIP		
TITLE NAME ☐ Delete STREET ADDRESS CITY-ST-ZIP	TITLE NAME ☐ Change ☐ Addition 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 recorder of titles 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:  MARIA C. RICCARDI		Date 4/29/07 561 Daytime Phone # 272-7279	