


2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 10, 2005 8:00 am
Secretary of State

01-10-2005 90049 048 ***150.00

DOCUMENT # P04000108814			
1. Entity Name SALON MADERA, INC.			
Principal Place of Business 3986 HINA DRIVE SARASOTA, FL 34241		Mailing Address 3986 HINA DRIVE SARASOTA, FL 34241	
2. Principal Place of Business 219 AVENIDA MADERA Suite, Apt. #, etc.		3. Mailing Address 3986 HINA DR. Suite, Apt. #, etc.	
City & State SARASOTA, FLORIDA Zip Country 34242 USA		City & State SARASOTA, FL Zip Country 34241 USA	
6. Name and Address of Current Registered Agent SALON, STEPHEN F ESQ VOIGHT & VOIGHT, P.A. 2042 BEE RIDGE ROAD SARASOTA, FL 34239		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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	PT ANDERSON, DONNA G 3986 HINA DRIVE SARASOTA, FL 34241 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS ANDERSON, ALBERT J 3986 HINA DRIVE SARASOTA, FL 34241 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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>Donna G. Anderson</u> DONNA G. ANDERSON		Date: <u>1/6/05</u> Daytime Phone #: <u>941-346-1675</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE DAYTIME PHONE #	

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01052005 Chg-P CR2E034 (10/03)

4. FEI Number **20-1454220** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**