
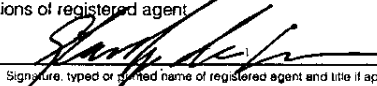
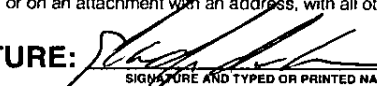


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90227 009 ***150.00

DOCUMENT # P04000123234 1. Entity Name DOMINICAN SALON INC			
Principal Place of Business 12386 QUAIL ROOST DRIVE MIAMI, FL 33177		Mailing Address 12251 SW 207 ST MIAMI, FL 33177	
2. Principal Place of Business 19760 S. Dixie Hwy		3. Mailing Address 19760 S Dixie Hwy	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State MIAMI FL		City & State MIAMI FL	
Zip 33157		Zip 33157	
Country USA		Country USA	
4. FEI Number 20-1539421		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DE LA CRUZ, GLADYS 12386 QUAIL ROOST DRIVE MIAMI, FL 33177		7. Name and Address of New Registered Agent Name DE LA CRUZ GLADYS Street Address (P.O. Box Number is Not Acceptable) 19760 S. Dixie Hwy City MIAMI FL Zip Code 33157	
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: 		DATE: 4/18/05	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
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	PD DE LA CRUZ, GLADYS 12386 QUAIL ROOST DRIVE MIAMI, FL 33177	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DE LA CRUZ GLADYS 19760 S. DIXIE HWY MIAMI FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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
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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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
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: 		Date: 4/18/05 (786) 253-7834	
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	