


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 23, 2008 08:00 AM  
Secretary of State

DOCUMENT # P05000026654	
1. Entity Name ARRIBA SALON INC	

Principal Place of Business 913 GULF BREEZE PARKWAY STE 2 GULF BREEZE, FL 32561	Mailing Address 913 GULF BREEZE PARKWAY STE 2 GULF BREEZE, FL 32561
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DO NOT WRITE IN THIS SPACE



02112008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2379425	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

HICKEY, RAYMOND G  
913 GULF BREEZE PARKWAY  
STE 5  
GULF BREEZE, FL 32561

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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 \_\_\_\_\_  
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, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000916244 05/12/08-80022-002 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ESQUEDA, MARQUITA 1212 DEXTER AVE PENSACOLA, FL 32507
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SMITH, MALINDA 251 AQUAMARINE PENSACOLA, FL 32505
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ESPOSITO, HEIDI 108 MALDONADO DRIVE PENSACOLA BEACH, FL 32561
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WHISTLER, PANAYIOTA 309 FLORIDA AVE GULF BREEZE, FL 32561
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE

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 all other like empowered.

SIGNATURE: Marquita Esqueda 4-16-08  
\_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #