2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# P05000026654

Entity Name: ARRIBA SALON INC

Current Principal Place of Business:

913 GULF BREEZE PARKWAY
STE 2
GULF BREEZE, FL 32561

New Principal Place of Business:

Current Mailing Address:

913 GULF BREEZE PARKWAY
STE 2
GULF BREEZE, FL 32561

New Mailing Address:

FEI Number: 20-2379425 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: ESQUEDA, MARQUITA
Address: 1212 DEXTER AVE
City-St-Zip: PENSACOLA, FL 32507

Title: D ( ) Delete
Name: SMITH, MALINDA
Address: 251 AQUAMARINE
City-St-Zip: PENSACOLA, FL 32505

Title: D ( ) Delete
Name: ESPOSITO, HEIDI
Address: 108 MALDONADO DRIVE
City-St-Zip: PENSACOLA BEACH, FL 32561

Title: D ( ) Delete
Name: WHISTLER, PANAYIOTA
Address: 309 FLORIDA AVE
City-St-Zip: GULF BREEZE, FL 32561

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARQUITA ESQUEDA D 04/28/2009

Electronic Signature of Signing Officer or Director — Date