

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000062686

Entity Name: SALON ALVAREZ INC.

**FILED**  
**Apr 19, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

3001 WEST WATERS  
B  
TAMPA, FL 33614

**New Principal Place of Business:**

4305 W. KNIGHTS AVE  
TAMPA, FL 33611

**Current Mailing Address:**

PO BOX 4947  
TAMPA, FL 33677

**New Mailing Address:**

4305 W. KNIGHTS AVE  
TAMPA, FL 33611

FEI Number: 01-0834376

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ALVAREZ, JUAN R  
3001 WEST WATERS  
TAMPA, FL 33614 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

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: ALVAREZ, JUAN R  
Address: 3001 WEST WATERS  
City-St-Zip: TAMPA, FL 33614

Title: VST  
Name: ALVAREZ, TAREON  
Address: 3001 WEST WATERS  
City-St-Zip: TAMPA, FL 33614

I hereby 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 all other like empowered.

SIGNATURE: JUAN ALVAREZ

D

04/19/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date