

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000089323

FILED
Jun 10, 2009
Secretary of State

Entity Name: SALON AND SPA FINDER, INC.

Current Principal Place of Business:

14903 NW 7TH AVENUE
MIAMI, FL 33168 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 69-3793
MIAMI, FL 33269 US

New Mailing Address:

14903 NW 7TH AVENUE
MIAMI, FL 33168 US

FEI Number: 43-2084462

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THE LAW OFFICE OF NYDIA MENENDEZ, LLC
2699 STIRLING ROAD
BUILDING B, SUITE 200
FT. LAUDERDALE, FL 33312 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: NARCISSE, ALIX MR.
Address: 1110 NW 145TH TERRACE
City-St-Zip: MIAMI, FL 33168 US

Title: VP () Delete
Name: FIEFIE, LINCY MS.
Address: 1880 NE 154TH STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33162 US

Title: SEC (X) Delete
Name: DIOROT, MARCUS MR.
Address: 17800 NW 20TH AVENUE
City-St-Zip: MIAMI GARDENS, FL 33056 US

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:

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: ALIX NARCISSE

PRES

06/10/2009

Electronic Signature of Signing Officer or Director

Date