


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90046 009 \*\*\*150.00

<b>DOCUMENT # P05000094178</b>		
1. Entity Name <b>JASMINE SALON, INC.</b>		

Principal Place of Business <b>725 ATLANTIC BLVD STE 2 ATLANTIC BEACH, FL 32233</b>	Mailing Address <b>725 ATLANTIC BLVD STE 2 ATLANTIC BEACH, FL 32233</b>
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2. Principal Place of Business - No P.O. Box # <b>10991 San Jose Blvd</b>	3. Mailing Address <b>10991 San Jose Blvd</b>
Suite, Apt. #, etc. <b>Ste 1</b>	Suite, Apt. #, etc. <b>Ste 1</b>

City & State <b>Jacksonville FL</b>	City & State <b>Jacksonville FL</b>
Zip <b>32223</b>	Zip <b>32223</b>
Country	Country

**400000310**



03262008 Chg-P CR2E034 (12/06)

4. FEI Number <b>20-3123903</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>DUONG, JASMINE 725 ATLANTIC BLVD STE 2 ATLANTIC BEACH, FL 32233</b>	7. Name and Address of New Registered Agent Name <b>Duong, Jasmine</b> Street Address (P.O. Box Number is Not Acceptable) <b>10991 San Jose Blvd</b> <b>Ste 1</b> City <b>Jacksonville</b> FL Zip Code <b>32223</b>
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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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NGUYEN, HUNG 725 ATLANTIC BLVD STE 2 ATLANTIC BEACH, FL 32233 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P James Nguyen <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10991 San Jose Blvd Jacksonville, FL 32223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DUONG, JASMINE 725 ATLANTIC BLVD STE 2 ATLANTIC BEACH, FL 32233 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Duong, Jasmine <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10991 San Jose Blvd Ste 1 Jacksonville, FL 32223
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
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

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:** Jasmine Duong  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #