


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90021 030 ***150.00

DOCUMENT # P05000118323					
1. Entity Name NYLA SALON & CO., INC.					
Principal Place of Business 3463 DELTONA BLVD SPRING HILL, FL 34606			Mailing Address 3463 DELTONA BLVD SPRING HILL, FL 34606		
2. Principal Place of Business - No P.O. Box # 10500 NORTHCLIFFE BLVD.			3. Mailing Address 10500 NORTHCLIFFE BLVD.		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State SPRING HILL FL			City & State SPRING HILL, FL		
Zip 34608		Country		Zip 34608	
				Country	
6. Name and Address of Current Registered Agent LEONARD, MONICA 3463 DELTONA BLVD SPRING HILL, FL 34606				7. Name and Address of New Registered Agent Name LEONARD, MONICA Street Address (P.O. Box Number is Not Acceptable) 10500 NORTHCLIFFE BLVD. City SPRING HILL FL Zip Code 34608	
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 <i>x Monica Leonard</i> DATE <i>x 4/21/08</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVAS TEDESCO, NICOLE 3463 DELTONA BLVD SPRING HILL, FL 34606	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10500 NORTHCLIFFE BLVD. SPRING HILL, FL 34608	
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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: <i>x Monica Leonard</i>			MONICA LEONARD <i>x 4/21/08</i>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		