


2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P05000118323 1. Entity Name NYLA SALON & CO., INC.						<div style="font-size: 24px; font-weight: bold; opacity: 0.5;">FILED</div> <div style="font-size: 18px; font-weight: bold;">09 AUG 21 PM 3:12</div> <div style="font-size: 12px;">CLERK OF STATE TALLAHASSEE, FLORIDA</div>	
Principal Place of Business 10500 NORTHCLIFFE BLVD. SPRING HILL, FL 34608				Mailing Address 10500 NORTHCLIFFE BLVD. SPRING HILL, FL 34608			
2. Principal Place of Business - No P.O. Box #				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent LEONARD, MONICA 10500 NORTHCLIFFE BLVD SPRING HILL, FL 34608				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
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.				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE _____			
Amended AR is \$61.25				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 10500 NORTHCLIFFE BLVD SPRING HILL, FL 34608			TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TEDESCO, NICOLE 10500 NORTHCLIFFE BLVD. SPRING HILL, FL 34608		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST LEONARD, MONICA 10500 NORTHCLIFFE BLVD SPRING HILL, FL 34608			TITLE NAME STREET ADDRESS CITY-ST-ZIP	700134945997 08/26/08--01005--007 **61.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/VP/ASST S MAGILL, MICHELE 13115 HUNTINGTON WOODS AVE. SPRING HILL, FL 34609						
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
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 [Signature]</i>				MONICA LEONARD			
x 8/18/08							