

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000160503

Entity Name: SALON ONE, INC.

FILED
Feb 26, 2009
Secretary of State

Current Principal Place of Business:

415 N UNIVERSITY DRIVE
UNIT 8
PLANTATION, FL 33324

New Principal Place of Business:

Current Mailing Address:

415 N UNIVERSITY DRIVE
UNIT 8
PLANTATION, FL 33324

New Mailing Address:

FEI Number: 20-3908897

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

IEMMA, PASQUALE V
12235 SHERIDAN STREET
COOPER CITY, FL 33026 US

Name and Address of New Registered Agent:

IEMMA, PASQUALE V
415 N UNIVERSITY DRIVE
UNIT 8
PLANTATION, FL 33324 US

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:

02/26/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: IEMMA, PASQUALE V
Address: 415 N UNIVERSITY DR #8
City-St-Zip: PLANTATION, FL 33324

Title: VD () Delete
Name: BALANT, JOHN
Address: 415 N UNIVERSITY DR #8
City-St-Zip: PLANTATION, FL 33324

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: PASQUALE IEMMA

PD

02/26/2009

Electronic Signature of Signing Officer or Director

Date