

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000063699

Entity Name: SALON EUPHORIA, INC.

FILED
Feb 04, 2009
Secretary of State

Current Principal Place of Business:

5755 S. UNIVERSITY DR
DAVIE, FL 33328 US

New Principal Place of Business:

Current Mailing Address:

5755 S. UNIVERSITY DR
DAVIE, FL 33328 US

New Mailing Address:

FEI Number: 20-4869823

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUDGENS, MELANIE D
1422 SW 109TH WAY
DAVIE, FL 33324 US

Name and Address of New Registered Agent:

WILSON, MELANIE D
1422 SW 109TH WAY
DAVIE, 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: MELANIE D. WILSON

02/04/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VPTD () Delete
Name: THARP, THERESA K
Address: 9890 NW 10 ST
City-St-Zip: PEMBROKE PINES, FL 33024 US

Title: D () Delete
Name: HUDGENS, MELANIE D
Address: 1422 SW 109TH WAY
City-St-Zip: DAVIE, FL 33324 US

Title: PS () Delete
Name: HUDGENS, MELANIE D
Address: 1422 SW 109TH WAY
City-St-Zip: DAVIE, FL 33324 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: WILSON, MELANIE D
Address: 1422 SW 109TH WAY
City-St-Zip: DAVIE, FL 33324 US

Title: PS (X) Change () Addition
Name: WILSON, MELANIE D
Address: 1422 SW 109TH WAY
City-St-Zip: DAVIE, FL 33324 US

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: MELANIE D. WILSON

D

02/04/2009

Electronic Signature of Signing Officer or Director

Date