

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000069977

1. Entity Name
SALON METRO, INC.



Principal Place of Business
4009 TAMPA ROAD
STE 7
OLDSMAR, FL 34677

Mailing Address
4009 TAMPA ROAD
STE 7
OLDSMAR, FL 34677

FILED
Jul 18, 2008 08:00 AM
Secretary of State



07162008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4888625

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DALIP, BIRAM
4009 TAMPA ROAD
STE 7
OLDSMAR, FL 34677

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

U000000955578
07/18/08-00009-015 150.00
DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P
NAME DALIP, BIRAM
STREET ADDRESS 3763 EXETER COURT, #106
CITY-ST-ZIP PALM HARBOR, FL 34685

TITLE S/T
NAME ZEQUIRI, LULIETA
STREET ADDRESS 2444 BOND AVENUE
CITY-ST-ZIP CLEARWATER, FL 33759

TITLE VP
NAME ZEQUIRI, PERPARIM
STREET ADDRESS 2444 BOND AVENUE
CITY-ST-ZIP CLEARWATER, FL 33759

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Biram Dalip BIRAM DALIP

07/18/08 813-855-0600