

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000135558

Entity Name: GOLDEN SALON INC.

FILED  
Jan 03, 2008  
Secretary of State

## Current Principal Place of Business:

2480 N. FEDERAL HIGHWAY  
LIGHT POINT, FL 33064

## New Principal Place of Business:

## Current Mailing Address:

2480 N. FEDERAL HIGHWAY  
LIGHT POINT, FL 33064

## New Mailing Address:

2480 N. FEDERAL HIGHWAY  
LIGHTHOUSE POINT, FL 33064

FEI Number: 20-5789304

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NEWMARK, STUART J MD  
2630 MARINA BAY DR. E.  
103  
FT. LAUDERDALE, FL 33312 US

## Name and Address of New Registered Agent:

NEWMARK, STUART J MD  
2480 N. FEDERAL HIGHWAY  
LIGHTHOUSE POINT, FL 33064 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: STUART NEWMARK

01/03/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: NEWMARK, STUART J MD  
Address: 2480 N. FEDERAL HIGHWAY  
City-St-Zip: LIGHT POINT, FL 33064

Title: VP ( ) Delete  
Name: NEWMARK, MARCELA A  
Address: 2480 N. FEDERAL HIGHWAY  
City-St-Zip: LIGHT POINT, FL 33064

Title: SEC (X) Delete  
Name: NEWMARK, STUART J MD  
Address: 2480 N. FEDERAL HIGHWAY  
City-St-Zip: LIGHT POINT, FL 33064

Title: TREA (X) Delete  
Name: NEWMARK, STUART J MD  
Address: 2480 N. FEDERAL HIGHWAY  
City-St-Zip: LIGHT POINT, FL 33064

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: STUART NEWMARK

PRES

01/03/2008

Electronic Signature of Signing Officer or Director

Date