(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer: WAS OK - 1ST THE			

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600104915816 06/29/07--01013--013 **35.00

COVER LETTER

TO: Amendment Division o	nt Section f Corporations	
SUBJECT: Salo	n 1910 Inc (Name of Cor	poration)
DOCUMENT NU	MBER: P07000019908	
The enclosed State	ment of Change of Registered Office/A	Agent and fee are submitted for filing.
Please return all co	orrespondence concerning this matter to	o the following:
	Jose Rene Mercado (Name of Conta	act Person)
-	(Firm/Com	npany)
<u>3</u>	3192 Coolidge Street (Addre	ss)
, н	Hollywood FL 33021	
_	(City/State and	Zip Code)
For further informa	ation concerning this matter, please cal	II:
Jose Rene Merca	do ame of Contact Person)	at (954) 483-9217 (Area Code & Daytime Telephone Number)
Enclosed is a \$35.0	00 check made payable to the Departm	nent of State.
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE **Division of Corporations**

July 3, 2007

JOSE RENE MERCADO 3192 COOLIDGE STREET HOLLYWOOD, FL 33021

SUBJECT: SALON 1910, INC. Ref. Number: P07000019908

We have received your document for SALON 1910, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6916.

Carol Mustain **Document Specialist**

Letter Number: 207A00042782

DIVISION OF CURPORVIOUS

HOST OF THE THE CHAIN ABOUND COMMISSION OF THE COMPANIES OF BUILDING SERVICES OF BUILDING THE SERVICES OF THE

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	•	2, 607.1508, or 617.1508, Florida Statutes, thi zed under the laws of the State of Florida red agent, or both, in the State of Florida.	is 	
1. The name of	the corporation: Salon 1910 Inc		•	
	office address: 5441 Sheridan Street, Ho	llywood, FL 33021	 -	
3. The mailing a	address (if different): 3192 Coolidge Stree	et		
Hollywood F	L 33021			
4. Date of incor	poration/qualification: 01/07/2000	Document number: P07000019908		
	d street address of the current registered agriment of State:	ent and registered office on file with the	new our manner or an area.	
	Charles L. Neustein Esquire		O TAL	
	777 Arthur Godfrey Road, 2nd Floor			
	Miami Beach, FL 33140		JUN 29 RETARY AHASSE	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):				
	Jose Rene Mercado		A	
	3192 Coolidge Street			
(P.O. Box NOT acceptable) Hollywood FL 33021				
The street address changed will	ess of its registered office and the street	address of the business office of its registere	d agent,	
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.				
Jone Ja	Mire of an Julie of director)	Jose Rene Mercado (Printed or typed name and title)		
I fürther agree of my duties, a document is he	t the appointment as registered agent and to comply with the provisions of all state nd I am familiar with and accept the obli ing filed merely to reflect a change in th us been notified in writing of this change.	utes relative to the proper and complete perj gation of my position as registered agent. (e registered office address, I hereby confirm	formance Or, if this that the	
W.		06/25/2007		
Charles	Ignature of Registered Agent) L. Husten Esquille ehalf of an entity:	(Date)	- 	

(Typed or Printed Name)

* * * FILING FEE: \$35.00 * * *