

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 01, 2008 8:00 am
Secretary of State

08-01-2008 90039 012 ***150.00

DOCUMENT # P07000024314 1. Entity Name SALON ACHE INC.			
Principal Place of Business 19531 NW 55 CIRCLE PLACE MIAMI, FL 33055		Mailing Address 19531 NW 55 CIRCLE PLACE MIAMI, FL 33055	
2. Principal Place of Business - No P.O. Box # 3995 E 4 Ave		3. Mailing Address 3995 E 4 Ave	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State HIALEAH FL		City & State HIALEAH FL 33013	
Zip FL		Zip USA	
Country 33013		Country USA	
4. FEI Number 20-8511995		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BLANCO, MATILDE 19531 NW 55 CIRCLE PLACE MIAMI, FL 33055		7. Name and Address of New Registered Agent Name ROJAS JOSE L. Street Address (P.O. Box Number is Not Acceptable) 210 W. 68 ST APT 214 City HIALEAH FL Zip Code 33014	
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 <small>Signature, typed or printed name of registered agent and title if applicable</small>		JOSE L. ROJAS - PRESIDENT <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP BLANCO, MATILDE 19531 NW 55 CIRCLE PLACE MIAMI, FL 33055	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP ROJAS JOSE L. 210 W. 68 ST APT 214 HIALEAH, FL 33014
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST SUAREZ JULIO C 342 E 10 ST HIALEAH FL 33010
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		MATILDE BLANCO - PRES. <small>Date</small>	
		7/24/08 <small>Daytime Phone #</small>	
		305-835-0061	