

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000126917

Entity Name: SALON ITALIA, INC.

FILED  
Feb 16, 2008  
Secretary of State

## Current Principal Place of Business:

26240 U.S. HIGHWAY 19 NORTH  
240  
CLEARWATER, FL 33761 US

## New Principal Place of Business:

## Current Mailing Address:

26240 U.S. HIGHWAY 19 NORTH  
240  
CLEARWATER, FL 33761 US

## New Mailing Address:

FEI Number: 26-1478877      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ORSATTI, CHAD T ESQ.  
3204 ALTERNATE 19 NORTH  
PALM HARBOR, FL 34683 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: CORIO, ANTHONY  
Address: 26240 U.S. HIGHWAY 19 NORTH, SUITE 240  
City-St-Zip: CLEARWATER, FL 33761 US

Title: D ( ) Delete  
Name: CORIO, GAIL  
Address: 26240 U.S. HIGHWAY 19 NORTH, SUITE 240  
City-St-Zip: CLEARWATER, FL 33761 US

Title: D ( ) Delete  
Name: FERMO, BRYAN  
Address: 26240 U.S. HIGHWAY 19 NORTH, SUITE 240  
City-St-Zip: CLEARWATER, FL 33761 US

## 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:

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: ANTHONY CORIO

D

02/16/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date