

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000006662

Entity Name: TOUCH SALON INC

FILED  
Apr 17, 2009  
Secretary of State

## Current Principal Place of Business:

296 NW 172 AVE.  
PEMBROKE PINES, FL 33029

## New Principal Place of Business:

## Current Mailing Address:

296 NW 172 AVE.  
PEMBROKE PINES, FL 33029

## New Mailing Address:

FEI Number: 26-1788252

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DICUPE, ROBERTA  
296 NW 172 AVE.  
PEMBROKE PINES, FL 33029 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: DICUPE, ROBERTA M  
Address: 1701 NW 96 TERR. NO. 1N  
City-St-Zip: PEMBROKE PINES, FL 33024

Title: D (X) Delete  
Name: FAILE, JIMMY L  
Address: 4965 WINDWARD WAY  
City-St-Zip: FT. LAUDERDALE, FL 33312

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: ROBERTA DICUPE

DIR

04/17/2009

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

\_\_\_\_\_  
Date