

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000068090

**FILED**  
**Apr 26, 2012**  
**Secretary of State**

**Entity Name:** SALON UTOPIA OF SOUTH FLORIDA, INC.

**Current Principal Place of Business:**

4375 SOUTHWEST 10TH PLACE APT 306  
DEERFIELD BEACH, FL 33442

**New Principal Place of Business:**

7846 WILES ROAD  
CORAL SPRINGS, FL 33067

**Current Mailing Address:**

4375 SOUTHWEST 10TH PLACE APT 306  
DEERFIELD BEACH, FL 33442

**New Mailing Address:**

4780 ACADIAN TRAIL  
COCONUT CREEK, FL 33073

**FEI Number:** 27-3276507

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CAMERON, CASSANDRA  
4375 SOUTHWEST 10TH PLACE APT 306  
DEERFIELD BEACH, FL 33442 US

**Name and Address of New Registered Agent:**

CAMERON, CASSANDRA  
4780 ACADIAN TRAIL  
COCONUT CREEK, FL 33073 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: \_\_\_\_\_

Electronic Signature of Registered Agent

04/26/2012

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: CAMERON, CASSANDRA A  
Address: 4780 ACADIAN TRAIL  
City-St-Zip: COCONUT CREEK, FL 33073

I hereby 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 all other like empowered.

SIGNATURE: CASSANDRA CAMERON

D

04/26/2012

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

\_\_\_\_\_  
Date