

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000060035

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** SALON ALLURE OF ORLANDO INCORPORATED

**Current Principal Place of Business:**

6419 LAKEVILLE RD.  
ORLANDO, FL 32818 US

**New Principal Place of Business:**

**Current Mailing Address:**

927 S. GOLDWYN AVENUE  
#107  
ORLANDO, FL 32805 US

**New Mailing Address:**

**FEI Number:** 35-2416606      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

BARNES, PAMELA Y  
6419 LAKEVILLE ROAD  
ORLANDO, FL 32818 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

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** GIBBONS, SHAMARA M  
**Address:** 6419 LAKEVILLE ROAD  
**City-St-Zip:** ORLANDO, FL 32818 US

**Title:** VP  
**Name:** BARNES, PAMELA Y  
**Address:** 6419 LAKEVILLE ROAD  
**City-St-Zip:** ORLANDO, FL 32818 US

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: SHAMARA M. GIBBONS

P

04/30/2012

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

\_\_\_\_\_ Date