2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED DOCUMENT # P93000025553 Jan 25, 2007 08:00 AN t. Entity Name **Secretary of State** EURO SALON, INC. Principal Place of Business Mailing Address 6361 N FEDERAL HWY 6361 N FEDERAL HWY **BOCA RATON FL 33487 BOCA RATON FL 33487** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) 4. FEI Number Applied For City & State City & State 65-0399555 Not Applicable Zin Zip Country Country **\$8.75** Additional 5. Cortificate of Status Desirod Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WALKER, LINDA Street Address (P.O. Box Number is Not Acceptable) 6361 N FEDERAL HWY **BOCA RATON FL 33487** Zip Code City 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 (NOTE, Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and fille it applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Addition Delete ma HHE U00000603319 WALKER, ROBERT NAM NAME 01/29/07-80008-022 150.00 6461 N FEDERAL HWY STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33487** CHY SI-789 CHY SE ZIP ☐ Dolete THE Change Addilion TITLE WALKER, LINDA NAM NAM 6461 N FEDERAL HWY SHEET ADDRESS SITEL LADDRESS **BOCA RATON FL 33487** CITY ST-ZIP CHY SI 70° Delete 11111 Change ☐ Addition IIII NAME NAME SIRLLI ADDRESS SIDEL LADORESS CITY ST-7IP CHY SI ZIP Detete HH Change ☐ Addition NAME MALE STREET ADORESS STREET ADDRESS CITY ST 7IP CHY SI-7IP Channe Addition HILE TITEE Delete NAME NAME SHELL ADDRESS STREET ADDRESS CITY SI-7IP CITY SE ZIP ☐ Addition Delete IIIL Change Change INTE NAME SIREFT LADDRESS STREET ADDRESS CITY ST ZIP CITY ST-7IP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 logal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trusted 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

MULTIMAL ROBERT WALKER
IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/07 Date

561-997-5350 Daytime Priorie #