


FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90076 046 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P93000083562			
1. Entity Name BRUNO'S SALON, INC.			
Principal Place of Business 21178 ST. ANDREWS BLVD. BOCA RATON, FL 33433		Mailing Address 21178 ST. ANDREWS BLVD. BOCA RATON, FL 33433	
2. Principal Place of Business - No P.O. Box # 2909 S OCEAN BLVD #5A		3. Mailing Address 2909 S OCEAN BLVD	
Suite, Apt. #, etc. HIGHLAND BDRM, FL		Suite, Apt. #, etc. # 5A	
City & State 33487		City & State HIGHLAND BDRM, FL	
Zip 33487		Country	
Country		Country	
4. FEI Number 65-0460204		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DOMINIJANNI, JOANNE 21178 ST. ANDREWS BLVD. BOCA RATON, FL 33433		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2909 S OCEAN BLVD #5A City HIGHLAND BDRM FL 33487	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DOMINIJANNI, JOANNE 21178 ST. ANDREWS BLVD. BOCA RATON, FL 33433	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 2909 S OCEAN BLVD #5A HIGHLAND BDRM, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP DOMINIJANNI, BRUNO 21178 ST. ANDREWS BLVD. BOCA RATON, FL 33433	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition " " "
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.			
SIGNATURE: Bruno Domini		Date: 1/22-07 Daytime Phone #: 561-2723633	