


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2005 8:00 am
Secretary of State

05-16-2005 90198 014 ***150.00

DOCUMENT # P94000004088	
1. Entity Name SALON AVANTE, INC.	

Principal Place of Business 5610 HANLEY ROAD SUITE 113 TAMPA, FL 33615	Mailing Address 5610 HANLEY ROAD SUITE 113 TAMPA, FL 33615
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2. Principal Place of Business 5610 Hanley Rd Suite 113	3. Mailing Address 17560 Cedarwood Loop
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Tampa FL	City & State Lutz FL
Zip 33615	Zip 33549
Country	Country



05112005 Chg-P CR2E034 (10/03)

4. FEI Number 59-3226140	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WHEELUS, MELINDA 5610 HANLEY ROAD TAMPA, FL 33615	
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7. Name and Address of New Registered Agent	
Name Sands, Melinda	
Street Address (P.O. Box Number is Not Acceptable) 17560 Cedarwood Loop	
City Lutz	FL Zip Code 33549

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 _____

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WHEELUS, MELINDA 5610 HANLEY ROAD, SUITE 113 TAMPA, FL 33615 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Sands, Melinda 17560 Cedar Loop Lutz FL 33549 <input checked="" 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
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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 exemption stated in Section 119.07(3)(i), 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: Melinda Sands 5/10/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #