

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P95000049481

1. Entity Name

SALON ACCESSORIES USA, INC.



**FILED
Feb 06, 2008 8:00 am
Secretary of State**

02-06-2008 90029 032 ***150.00



1st MOORE CR2E034 (10/07)

Principal Place of Business		Mailing Address	
8603 BELLEVISTA DRIVE TAMPA FL 33635 US		8603 BELLEVISTA DRIVE TAMPA FL 33635 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CABRAL, ROBERT L 8603 BELLEVISTA DRIVE TAMPA FL 33635		Name <u>HEATHER CABRAL</u> Street Address (P.O. Box Number is Not Acceptable) <u>8603 BELLEVISTA DR.</u> City <u>TAMPA</u> , Zip Code <u>FL 33635</u>	

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 Heather Cabral, PRESIDENT
(Signature, typed or printed name of registered agent and title if applicable.)

1-23-08

(NOTE: Registered Agent signature required when changing agent.)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. \$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	PS CABRAL, HEATHER B 8603 BELLEVISTA DRIVE TAMPA FL 33635	<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	VT CABRAL, ROBERT 8603 BELLEVISTA DRIVE TAMPA FL 33635	<input checked="" 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 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 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: Heather Cabral

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-08

813-728-6232

Date

Daytime Phone #