

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

02-06-2008 90029 032 ***150.00

DOCUMENT # P95000049481

1. Entity Name

SALON ACCESSORIES USA, INC.



Principal Place of Business

8603 BELLEVISTA DRIVE
TAMPA FL 33635
US

Mailing Address

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

1st MOORE

CR2E034 (10/07)

Zip

Country

Zip

Country

4. FEI Number

59-3327407

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CABRAL, ROBERT L
8603 BELLEVISTA DRIVE
TAMPA FL 33635

7. Name and Address of New Registered Agent

Name

HEATHER CABRAL

Street Address (P.O. Box Number is Not Acceptable)

8603 BELLEVISTA DR.

City

TAMPA

FL

Zip Code

33635

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 HEATHER CABRAL, PRESIDENT

1-23-08

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent Signature required when resigning.)

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

TITLE PS ☐ Delete
NAME CABRAL, HEATHER B
STREET ADDRESS 8603 BELLEVISTA DRIVE
CITY-ST-ZIP TAMPA FL 33635

TITLE VT ☒ Delete
NAME CABRAL, ROBERT
STREET ADDRESS 8603 BELLEVISTA DRIVE
CITY-ST-ZIP TAMPA FL 33635

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 #