

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P97000035754**

1. Entity Name  
**SALONJ', INC.**



**FILED**  
**Sep 03, 2004 08:00 AM**  
**Secretary of State**

Principal Place of Business  
**1205 NE 163RD ST  
STE 127  
N MIAMI BEACH, FL 33162**

Mailing Address  
**1205 NE 163RD ST  
STE 127  
N MIAMI BEACH, FL 33162**



08242004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **65-0746565** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**POWELL, ALDWYN  
15035 SW 153RD AVE  
MIAMI, FL 33196**

**DO NOT WRITE  
IN THIS SPACE**

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 8, 2004**

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**

TITLE	D
NAME	POWELL, ALDWYN
STREET ADDRESS	15035 SW 153RD AVE
CITY-ST-ZIP	MIAMI, FL 33196
TITLE	D
NAME	MCINTOSH, GEORGETTE
STREET ADDRESS	15035 SW 153RD AVE
CITY-ST-ZIP	MIAMI, FL 33196
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000171655  
09/03/04-80006-013 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

*(Signature)*

**GEORGETTE MCINTOSH**

**SEP 31, 2004 213-8696**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #