

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000063429</b>	
1. Entity Name <b>SALON DE ANDRADE, INC.</b>	
Principal Place of Business <b>28809 US 19N CLEARWATER, FL 33761</b>	Mailing Address <b>28809 US 19N STE 137 CLEARWATER, FL 33761</b>



01052005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3459571</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

5. Name and Address of Current Registered Agent  <b>OTTINGER, DAVID J 911 CHESTNUT ST CLEARWATER, FL 34616</b>
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE <b>P</b>	NAME <b>ANDRADE, ANTHONY</b> STREET ADDRESS <b>2632 BEAGLE PATH WAY</b> CITY-ST-ZIP <b>PALM HARBOR, FL 34683</b>
TITLE <b>VPST</b>	NAME <b>ANDRADE, MANUEL</b> STREET ADDRESS <b>14236 SHEARWATER CT</b> CITY-ST-ZIP <b>CLEARWATER, FL 33722</b>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** Anthony Andrade **ANTHONY ANDRADE** 1-31-05 727-787-0090  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #