# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000087561

1. Entity Name
SALON BEBE, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 3409 HORATIO<br>TAMPA, FL  33609 | 4003 W TACON ST<br>TAMPA, FL  33629    US |

## DO NOT WRITE IN THIS SPACE

04252004       No Chg-P        CR2E034 (10/03)

| 4. FEI Number | Applied For |
|---|---|
| 59-3467957 | Not Applicable |

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

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

PAUL, HENRY L
FIRST UNION CENTER
100 S. ASHLEY DR. #1720
TAMPA, FL  33602

## 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 _____
Signature, typed or printed name of registered agent and title if applicable       (NOTE  Registered Agent signature required when reinstating)        DATE

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2004 Fee will be $550.00**

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

000000157895
05/06/04-80047-010  150.00

| 10. | OFFICERS AND DIRECTORS |
|---|---|
| TITLE | D |
| NAME | ESPOSITO, BRIDGET L |
| STREET ADDRESS | 4003 W TACON ST |
| CITY-ST-ZIP | TAMPA, FL  33629 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

## 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: _____     813-859-2541     4-30-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR       Date       Daytime Phone #