


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 22, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000092604**

1. Entity Name  
**STUDIO 1 SALONS, INC.**



Principal Place of Business      Mailing Address

**2226 NE 123 ST  
NORTH MIAMI, FL 33181    US**      **8861 N.W 5TH ST.  
PEMBROKE PINES, FL 33024**



03232005    No Chg-P    CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0791538**      Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**JAM, IRAIDA A  
8860 N.W 5TH ST.  
PEMBROKE PINES, FL 33024**

**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 file if applicable      NOTE Registered Agent signature required when reinstating      DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$350.00**

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

**U00000324454  
04/22/05-80097-004 150.00**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV JAM, IRAIDA A 8860 NW 5 ST PEMBROKE PINES, FL 33024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BLACKELY, RANDY 1665 BAY ROAD APT # 320 MIAMI BEACH, FL 33139
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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)(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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-20-2005**  
Date      Daytime Phone #