## **2004 FOR PROFIT CORPORATION ANNUAL REPORT**

## **FILED** Apr 16, 2004 8:00 am Secretary of State

04-16-2004 90044 015 \*\*\*150.00

DOCUMÉNT # P99000071813  1. Entity Name SUSAN MARIE'S SALON, INC.				04-16-2004 90044 015 ***150.00			
Principal Place of Business .		Mailing Address		1460220			
722 W. SMITH ST. ORLANDO, FL 32804		722 W. SMITH ST. ORLANDO, FL 32804		14003287			
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2. Principal Place of Business		3. Mailing Address			ļ		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01202004 Chg-P CR2E034 (10/03)			
City & State		City & State		4. FEI Number Applied Fi 59-3596581 Not Applie			
Zip	Country	Zip	Country	S. Certificate of Status Desired.   \$8.75 Additional Fee Required			
	6. Name and Address of Current	Registered Agent	Name —	7. Name and Address of New Registered Agent			
SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES, FL 33134				Street Address (P.O. Box Number is Not Acceptable)			
			City	FL Zip Gode			
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							
ine obliga	tions 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 Fi Trust Fund Contribution			ign Financing <b>\$</b> ribution.	\$5.00 May Be Added to Fees			
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
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STREET ADDRESS	2116 EDGEWATER DRIVE		STREET ADDRESS	•			
CFTY-ST-ZIF	ORLANDO, FL 32804		CITY-ST-ZIF				
TITLE Name	V LACROIX, ROGER A	. Delete	TITLE NAME	☐ Change ☐ Ad	dition		
STREET ADDRESS	2116 EDGEWATER DRIVE		STREET AODRESS				
CITY-ST-ZIP	ORLANDO, FL 32804		CITY-ST-ZIP				
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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)(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 fursited 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.