


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90048 046 ***150.00

DOCUMENT # P99000107231 1. Entity Name SALON 441, INC.					
Principal Place of Business 19585 K STATE RD 7 BOCA RATON, FL 33498 US			Mailing Address 19585 K STATE RD 7 BOCA RATON, FL 33498 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-0967914	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent GRENON, RUDOLPH C 404 S. FIG TREE LN. PLANTATION, FL 33317				7. Name and Address of New Registered Agent Name GRENON, RUDOLPH C. Street Address (P.O. Box Number is Not Acceptable) 5349 STONY BROOK DR City BOYNTON BEACH FL Zip Code 33437	
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 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRENON, RUDOLPH 5349 STONY BROOK DR BOYNTON BEACH, FL 33437		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRENON, RUDOLPH 5349 STONY BROOK DR. BOYNTON BEACH, FL 33437	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCHWARTZ, STEPHEN 7690 LAGO DEL MAR DR UNIT 403 BOCA RATON, FL 33433		TITLE NAME STREET ADDRESS 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 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: <i>Rudolph C. Grenon</i> Rudolph C. GRENON					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date 1/13/04 Daytime Phone # 561 883 1682	