

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2005 08:00 AM
Secretary of State

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



02072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0967914

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GRENON, RUDOLPH C
5349 STONY BROOK DR
BOYNTON BEACH, FL 33437

**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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GRENON, RUDOLPH
STREET ADDRESS	5349 STONY BROOK DR.
CITY-ST-ZIP	BOYNTON BEACH, FL 33437
TITLE	V
NAME	SCHWARTZ, STEPHEN
STREET ADDRESS	7690 LAGO DEL MAR DR UNIT 403
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000224714
02/11/05-80011-005 150.00

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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

2/8/05 561 218

Date

Daytime Phone