2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000111486

Entity Name: SALERM PROFESSIONAL COSMETICS OF FLORIDA, INC.

FILED Mar 07, 2007 Secretary of State

Current Principal Place of Business: 2450 W 78TH ST HIALEAH, FL 33016			New Principal Place of Business:	
Current Mailing Address:			New Mailing Address:	
2450 W 78TH ST HIALEAH, FL 33016				
FEI Number: 65-0981673 FEI Number Applied For () FEI Number		mber Not Appli	cable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:				
LUIS MENDEZ 2450 WEST 78TH STREET HIALEAH, FL 33016 US				
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.				
SIGNATURE:				
Electronic Signature of Registered Agent Date				
Election Campaign Financing Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DP (MARTINEZ, V NO.2 DE LLIS BARCELONA,	ON DE VALL	Title: Name: Address: City-St-Zip:	DP (X) Change () Addition MARTINEZ, VICTORIANO NO.2 DE LLISON DE VALL BARCELONA, SPAIN, SP 08185 SP
Title: Name: Address: City-St-Zip:	DS (MARTI, CARL 2450 W 78TH HIALEAH, FL	ST	Title: Name: Address: City-St-Zip:	CEO (X) Change () Addition VICTOR, MARTINEZ LOLA ANGLADA 5C, 1º-1ª SANT CUGAT DEL VALLES, SPAIN, SP 08173 SP
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	TRES () Change (X) Addition JORDI, ALBA SANT CRISTOFOL 2 S. EULALIA D RONSANA, SPAIN, SP 08187 SP
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	DS () Change (X) Addition SUSANA, CINTAS MOLI 11, 3°-5° CALDES DE MONTBUI, SPAIN, SP 08140 SP
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	DO () Change (X) Addition LUIS, MENDEZ 2450 WEST 78TH STREET HIALEAH, FL 33016

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VICTOR MARTINEZ CEO 03/07/2007