

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90046 049 ***150.00

DOCUMENT # S19846

1. Entity Name
VOGUE SALON, INC.



Principal Place of Business
**1100 S FEDERAL HWY
S4
BOYNTON BEACH, FL 33435**

Mailing Address
**1100 S FEDERAL HWY
S4
BOYNTON BEACH, FL 33435**

34013336

2. Principal Place of Business
1403 W. Boynton Bch Blvd
Suite, Apt. #, etc.

3. Mailing Address
1403 W. Boynton Bch. Blvd.
Suite, Apt. #, etc.



01232004 Chg-P CR2E034 (10/03)

City & State
Boynton Beach, FL
Zip
33426
Country
USA

City & State
Boynton Beach, FL
Zip
33426
Country
USA

4. FEI Number
65-0240266

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**QUARANTA, ANNA
13821 VIA TIVOLI
DELRAY BEACH, FL 33446**

7. Name and Address of New Registered Agent

Name
Anna Quaranta
Street Address (P.O. Box Number is Not Acceptable)

7857 RINEHART DRIVE
City **BOYNTON BCH** **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 X 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 Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME **PD**
STREET ADDRESS **QUARANTA, ANNA**
CITY - ST - ZIP **13821 VIA TIVOLI
DELRAY BEACH, FL 33446** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY - ST - ZIP ☐ Delete

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CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS **7857 RINEHART DRIVE**
CITY - ST - ZIP **BOYNTON BEACH, FL 33437** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
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CITY - ST - ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

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: X **A Q A**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **3/13/04**
Daytime Phone #