

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000022001

**Entity Name:** SALON ENCHANTED INC.

**Current Principal Place of Business:**

2 OAKWOOD BLVD., #190  
SUITE 11  
HOLLYWOOD, FL 33020

**FILED**  
**Apr 11, 2016**  
**Secretary of State**  
**CC8348582043**

**Current Mailing Address:**

1004 NE 115TH STREET  
BISCAYNE PARK, FL 33161 US

**FEI Number: 06-1770490**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

EVANS, COLEEN D  
1004 NE 115TH STREET  
BISCAYNE PARK, FL 33161 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

**Officer/Director Detail :**

Title            D  
Name            EVANS, COLEEN D  
Address        1004 NE 115TH STREET  
City-State-Zip: BISCAYNE PARK FL 33161

Title            D  
Name            EVANS, DONALD G  
Address        1004 NE 115TH STREET  
City-State-Zip: BISCAYNE PARK FL 33161

*I hereby 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 all other like empowered.*

**SIGNATURE: COLEEN EVANS**

**D**

**04/11/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date