

# 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P03000103264

1. Entity Name  
LA BELLA SALON, INC.



FILED

04 OCT 15 PM 12:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
3059 GRAND AVE, STE 300  
C/O ZISKIND & ARVIN, P.A.  
MIAMI, FL 33133

Mailing Address  
3059 GRAND AVE, STE 300  
C/O ZISKIND & ARVIN, P.A.  
MIAMI, FL 33133

2. Principal Place of Business  
2604 PONCE DE LEON BLVD.

3. Mailing Address  
2604 PONCE DE LEON BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
CORAL GABLES, FL 33145

City & State  
CORAL GABLES, FL 33145

Zip  
33134

Country  
USA

Zip  
33134

Country  
USA

10142004

Chg-P

CR2E034 (10/03)

4. FEI Number  
05-0589220

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

ZISKIND & ARVIN, P.A.  
3059 GRAND AVE, STE 300  
MIAMI, FL 33133

## 7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRES  
LA BELLA, ANA M  
2222 SW 22 TERRACE  
MIAMI, FL 33145 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
LA BELLA, RICHARD G  
2222 SW 22 TERRACE  
MIAMI, FL 33145 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TREASURER  
LA BELLA, RICHARD G  
2222 SW 22 TERRACE  
MIAMI, FL 33145 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
PAVARS, EDGAR  
1670 BAY ROAD, APT. 6D  
MIAMI BEACH, FL 33139 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SECRETARY  
O'NEIL, ANGELINA  
1670 BAY ROAD, APT. 6D  
MIAMI BEACH, FL 33139 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
100041474001  
10/15/04--01003--006 \*\*70.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-14-04 3057881951