


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 03, 2005 8:00 am
Secretary of State

06-03-2005 90004 029 ***150.00

DOCUMENT # P00000023138

1. Entity Name
BELLA VITA DAY SPA, INC.



Principal Place of Business
**6844 BRIDLEWOOD COURT
BOCA RATON, FL 33433**

Mailing Address
**6844 BRIDLEWOOD COURT
BOCA RATON, FL 33433**

50053371



2. Principal Place of Business
8903 Lakes Rd

3. Mailing Address
D2

Suite/Apt. #, etc.
D2

Suite, Apt. #, etc.

City & State
Boca Raton

City & State

Zip
33434

Country
PR

Zip

Country

05202005 Chg-P CR2E034 (10/03)

4. FEI Number
65-0988806

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DE LISIO, ROXANNE
6844 BRIDGEWOOD CT.
BOCA RATON, FL 33433**

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

Roxanne DeLisio
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

5/29/05

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

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

**D
DE LISIO, ROXANNE
23269 STATE ROAD 7
BOCA RATON, FL 33428**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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:

Roxanne DeLisio
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

5/29/05 361-789-0390