

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 17, 2004 8:00 am
Secretary of State

04-29-2004 90265 008 ***150.00

DOCUMENT # P02000061574

1. Entity Name
BELLISIMA HAIR SALON, INC.



Principal Place of Business
**3199 W. VINE STREET
KISSIMMEE, FL 34741**

Mailing Address
**3199 W. VINE STREET
KISSIMMEE, FL 34741**

66422350



04222004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0704962

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**REYES, LISSETTE
2102 SHANNON LAKES BLVD.
KISSIMMEE, FL 34743**

**DO NOT WRITE
IN THIS SPACE**

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

**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
STREET ADDRESS
CITY-ST-ZIP
**P
REYES, LISSETTE
2102 SHANNON LAKES BLVD.
KISSIMMEE, FL 34743**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
ORTIZ, ANITA
2006 LILY PAD CT.
KISSIMMEE, FL 34743**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
ESCUERO, HAROLD
2372 HARBOR TOWN DR.
KISSIMMEE, FL 34743**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

Lissette Reyes - Lissette Reyes

5-15-04

(407) 846-0034

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #