

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2008 08:00 AM
Secretary of State

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**



02212008 No Chg-P CR2E034 (11/05)

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
4978 TOWN TERRACE N.
KISSIMMEE, FL 34758**

**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, 2008 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 4978 TOWN TERRACE N. KISSIMMEE, FL 34758
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 4978 TOWN TERRACE N. KISSIMMEE, FL 34758
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000948415
06/02/08-80053-008 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

407-846-0034

Daytime Phone #