


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000063312 1. Entity Name SPA BELLISSIMA, INC.					
Principal Place of Business 2100-A PROCTOR RD SARASOTA, FL 34231			Mailing Address 208 ISLAND AVE SARASOTA, FL 34242		
2. Principal Place of Business 1830 S. Osprey Ave. Suite, Apt. #, etc. 107A & 107B City & State Sarasota, Florida Zip 34239 Country USA		3. Mailing Address 1830 S. Osprey Ave. Suite, Apt. #, etc. 107A & 107B City & State Sarasota, Florida Zip 34239 Country USA		05262005 Chg-P CR2E034 (10/03)	
4. FEI Number 01-0724638				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent J.S.I. ENTERPRISES J BRIAN JOHNSON 1008 MYRTLE AVE VENICE, FL 34285			7. Name and Address of New Registered Agent Name Raumi Joseph Street Address (P.O. Box Number is Not Acceptable) 1830 S. Osprey Ave. Suites 107A & 107B City Sarasota FL Zip Code 34239		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOSEPH, IKBAL E 208 ISLAND AVENUE SARASOTA, FL 34242		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Raumi Joseph 1830 S. Osprey Ave., Suites 107A & 107B Sarasota, Florida 34239	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			5/21/2005 <small>Date</small>		

FILED
05 JUN -8 PM 12:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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