## **2005 FOR PROFIT CORPORATION ANNUAL REPORT**

## **FILED** Mar 16, 2005 8:00 am Secretary of State 03-16-2005 90031 039 \*\*\*150.00

DOCUMENT # P02000119603  1. Entity Name MARINA'S HAIR & SPA SALON, INC.								03-10-2003 90	3031 032	150.	00
Principal Place of Business 730 SAN·LAKE RD 164 ORLANDO, FL 32809 US				Mailing Address 4413 WINDERWOOD CIRCLE ORLANDO, FL 32835 US			2 18311531 71	Dana kali kali salih salih bas	11 11821 <u>41813 181</u> 1	<b>-</b>	Si <b>ri</b> l 11 (88)
2. Principal Place of Business				3. Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.			03102005	Chg-P	CR2E03	4 (10/03)	
City & State			-	City & State		4. FEI Numb				oplied For	
Zip	Country .			Zip Coun		try	5. Certificate of Status Desired S8.75 Additional Fee Required			ditional	
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent					
TARNOMICE MARINA						Name					
TARNOWSKI, MARINA 4413 WINDERWOOD CIRCLE ORLANDO, FL 32835						Street Address (P.O. Box Number is Not Acceptable)					
						City E Zip Code					
The above named entity submits this statement for the purpose of changing its registere						<u>ΓL, '</u>					
	i named entity tions of regist		nent for the p	purpose of changing it	s registeri	ed office or registe	red agent, or bo	th, in the State of Flo	rida. I am fa	miliar with,	and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE											
FIL After Ma	/ E NOW!!! ay 1, 200!	FEE IS \$150.0 5 Fee will be \$	0 550.00	9. Election Campa Trust Fund Cor			.00 May Be led to Fees				
10.		OFFICERS	AND DIRE	CTORS	11.		ADDITIONS/	CHANGES TO OFF	CERS AND I	DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY+ST-ZIP	4413 WIN	SKI, MARINA DERWOOD CIRC D, FL 32835	CLE	☐ Delete						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete						Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		<b>I</b>				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete					1	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		i	-			Change	☐ Addition
TITLE NAME STREET ADDRESS	***			☐ Delete	TITLE NAMI STRE	ET ADDRESS	<u> </u>		<u>.</u>  •,	Change	Addition
CITY-ST-ZIP	L		<del> </del>			ST-ZIP	*	* * * * * * * * * * * * * * * * * * * *	·		٠,
indicated	on this repor	t or supplemental re	eport is true	iling does not qualify to and accurate and that d to execute this repor	rny signat	ure shall have the	same legal effec	t as if made under o	ath; that I am	n an officer	or director