

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 17, 2007 8:00 am**  
**Secretary of State**

04-17-2007 90059 041 \*\*\*150.00

**DOCUMENT # P03000079905**

1. Entity Name

AMBROSIA SPA DE BEAUTE SALON, INC.



Principal Place of Business

10333 SEMINOLE BOULEVARD  
SUITES 1 AND 2  
SEMINOLE FL 33778

Mailing Address

10333 SEMINOLE BOULEVARD  
SUITES 1 AND 2  
SEMINOLE FL 33778



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E034 (10/06)

Zip

Country

Zip

Country

4. FEI Number 20-0099547

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

AMBROSIO, FRANCIS J  
333 NORTH ATLANTIC AVENUE  
APT. 210  
COCOA BEACH FL 32931

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-stating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2007 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME AMBROSIO, ANNE  
STREET ADDRESS 333 NORTH ATLANTIC AVE., APT. 210  
CITY-ST-ZIP COCOA BEACH FL 32931

TITLE D ☐ Delete  
NAME AMBROSIO, FRANCIS J  
STREET ADDRESS 333 NORTH ATLANTIC AVE., APT. 210  
CITY-ST-ZIP COCOA BEACH FL 32931

TITLE D ☐ Delete  
NAME GREGORY FERRO  
STREET ADDRESS 11200 86th AVE #206  
CITY-ST-ZIP SEMINOLE FL 33772

TITLE D ☐ Delete  
NAME PATRICIA FARRELL  
STREET ADDRESS 809 PONCE DE LEON  
CITY-ST-ZIP BELLAIRE, FL 33771

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition  
NAME GREGORY FERRO  
STREET ADDRESS 11200 86th AVE #206  
CITY-ST-ZIP SEMINOLE FL 33772

TITLE D ☐ Change ☒ Addition  
NAME PATRICIA FARRELL  
STREET ADDRESS 809 PONCE DE LEON  
CITY-ST-ZIP BELLAIRE, FL 33771

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

4-1-07

Date

Signature Number