

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000049043

Entity Name: ISA BEAUTY SALON, INC.

FILED  
Apr 30, 2009  
Secretary of State

## Current Principal Place of Business:

3104 W WATERS AVE  
104  
TAMPA, FL 33614 US

## New Principal Place of Business:

## Current Mailing Address:

3104 W WATERS AVE  
104  
TAMPA, FL 33614 US

## New Mailing Address:

FEI Number: 20-0876384      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COLMENARES, ISABEL  
3104 W WATERS AVE  
104  
TAMPA, FL 33614 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: COLMENARES, ISABEL  
Address: 3104 W WATERS AVE STE 104  
City-St-Zip: TAMPA, FL 33614 US

Title: VP ( ) Delete  
Name: VILLASMIL, GIOVANNY  
Address: 6040 BLUE SAGE DR  
City-St-Zip: TAMPA, FL 34639

Title: SEC ( ) Delete  
Name: COBOS, NADIA  
Address: 7901 N. ARMENIA AVE., SUITE E  
City-St-Zip: TAMPA, FL 33604

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ISABEL COLMENARES

P

04/30/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date