

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90077 027 ***150.00

DOCUMENT # P04000105753

1. Entity Name

ELENA'S HOUSE OF BEAUTY & SAUNAS, INC.



Principal Place of Business

16545 WELLINGTON LAKES CIRCLE
FT MYERS, FL 33908

Mailing Address

16545 WELLINGTON LAKES CIRCLE
FT MYERS, FL 33908

2. Principal Place of Business

20351 Summerlin Rd

3. Mailing Address

20351 Summerlin Rd

Suite, Apt. #, etc.

Suite #113

Suite, Apt. #, etc.

Suite #113

City & State

Fort Myers, FL

City & State

Fort Myers, FL

Zip

33908

Country

LEE

Zip

33908

Country

LEE

03062005

Chg-P

CR2E034 (10/03)

4. FEI Number

83-040 1931

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HERNANDEZ, AL
5704 AUTUMNWOOD CT
FT MYERS, FL 33919

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P/D	<input type="checkbox"/> Delete
NAME	POKAMESTOV, VALERI	
STREET ADDRESS	16545 WELLINGTON LAKES CIRCLE	
CITY-ST-ZIP	FT MYERS, FL 33908	
TITLE	VP/D	<input type="checkbox"/> Delete
NAME	POKAMESTOVA, ELENA	
STREET ADDRESS	16545 WELLINGTON LAKES CIRCLE	
CITY-ST-ZIP	FT MYERS, FL 33908	
TITLE	T	<input type="checkbox"/> Delete
NAME	POKAMESTOV, VALERI	
STREET ADDRESS	16545 WELLINGTON LAKES CIRCLE	
CITY-ST-ZIP	FT MYERS, FL 33908	
TITLE	S	<input type="checkbox"/> Delete
NAME	POKAMESTOVA, ELENA	
STREET ADDRESS	16545 WELLINGTON LAKES CIRCLE	
CITY-ST-ZIP	FT MYERS, FL 33908	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

Elena Pokamestova
ELENA POKAMESTOVA

03/06/05 239-482-6774

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #