

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000126816

Entity Name: ISABELLA HAIR SALON, INC.

**FILED**  
**Mar 15, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

5900 SOUTH DIXIE HIGHWAY  
SOUTH MIAMI, FL 33143

**New Principal Place of Business:**

**Current Mailing Address:**

5900 SOUTH DIXIE HIGHWAY  
SOUTH MIAMI, FL 33143

**New Mailing Address:**

FEI Number: 03-0548682

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

MARTINEZ, LIZET  
8120 S.W. 17TH TER  
MIAMI,, FL 33143 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

**OFFICERS AND DIRECTORS:**

Title: PTD  
Name: MARTINEZ, LIZET  
Address: 8120 S.W. 17TH TERRACE  
City-St-Zip: MIAMI, FL 33155

Title: V  
Name: MARTINEZ, NICHOLAS A  
Address: 8120 S.W. 17TH TERRACE  
City-St-Zip: MIAMI, FL 33155

Title: ST  
Name: GONZALEZ, RODOLFO  
Address: 8120 S.W. 17TH TERRACE  
City-St-Zip: MIAMI, FL 33155

I hereby 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 all other like empowered.

SIGNATURE: LIZET MARTINEZ

P

03/15/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date