
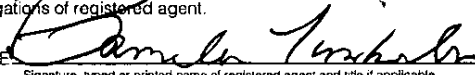
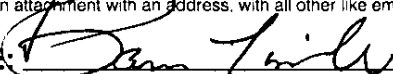


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90163 017 ***150.00

DOCUMENT # P04000164204			
1. Entity Name BELLEZZA SALON, INC.			
Principal Place of Business 633 BAY STREET NEPTUNE BEACH, FL 32266		Mailing Address 633 BAY STREET NEPTUNE BEACH, FL 32266	
2. Principal Place of Business - No P.O. Box # 330 AIA N, SUITE 307		3. Mailing Address 330 AIA N, SUITE 307	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State PONTEVEDRA BEACH, FL		City & State PONTEVEDRA BEACH, FL	
Zip 32082		Country	
Country		Zip 32082	
Country		Country	
4. FEI Number 20-1970378		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LANDOLT, KELLY F 633 BAY STREET NEPTUNE BEACH, FL 32266		7. Name and Address of New Registered Agent Name PAM TIMBERLAKE Street Address (P.O. Box Number is Not Acceptable) 330 AIA N., SUITE 307 City PONTEVEDRA BEACH, FL Zip Code 32092	
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 		DATE 3-27-07	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS LANDOLT, KELLY F 633 BAY STREET NEPTUNE BEACH, FL 32266 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT TIMBERLAKE, PAMELA L 1574 EVANS DR S JACKSONVILLE BEACH, FL 32250 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 		DATE 3-27-07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

40079784



03272007 Chg-P CR2E034 (12/06)

ATTACHMENT

40079784
#D04000164204



STATE OF FLORIDA
DEPARTMENT OF REVENUE
WARRANT

DR-78
R. 06/00

COPY

BELLEZZA SALON, INC.
330 A1A N STE 307
PONTE VEDRA BEACH FL 32082-1826

Warrant Number : 100000039242
Contract Object : 13221457
Re: Warrant Issued under Chapter
212, Florida Statutes

THE STATE OF FLORIDA
TO ALL AND SINGULAR, THE CLERKS OF THE CIRCUIT COURTS AND
ALL AND SINGULAR, THE SHERIFFS OF THE STATE OF FLORIDA
WARRANT FOR COLLECTION OF DELINQUENT SALES AND USE TAX.

The taxpayer named above in the County of Saint Johns, is indebted to the Florida Department of Revenue, State of Florida, in the following amounts:

COPY

Tax	\$1,600.00
Penalty	\$250.00
Interest	\$95.49
Total	\$1,945.49
Filing fee	\$20.00
Grand total	\$1,965.49

For returns due on or before December 31, 1999, interest is due at the rate of 12% per annum. For returns due on or after January 1, 2000, a floating rate of interest applies in accordance with Section 213.235, Florida Statutes.

WITNESS my hand and official seal in this City of Jacksonville, Duval County, Florida, this 20th day of December, 2006.



COPY

Jim Zingale, Executive Director
Department of Revenue
State of Florida

This instrument prepared by
Scott D. Dittman
Authorized Agent

PLEASE BILL TO:
JACKSONVILLE SERVICE CENTER
921 N DAVIS ST STE 250A
JACKSONVILLE FL 32209-6825
904-359-6070