2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000066158

Entity Name: BELLA ROMA BATH & BEAUTY, INC.

FILED Mar 20, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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5105 W. POE AVE. TAMPA, FL 33629

Current Mailing Address: New Mailing Address:

5105 W. POE AVE. TAMPA, FL 33629

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

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

GUITO, RALPH M III GUITO, KAREN 5105 W. POE AVE. 524 SEVERN AVE. TAMPA, FL 33629 US TAMPA, FL 33606 US

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: KAREN E. GUITO 03/20/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

 Name:
 GUITO, KAREN E
 Name:
 GUITO, KAREN E

 Address:
 5105 W. POE AVE.
 Address:
 524 SEVERN AVE.

 City-St-Zip:
 TAMPA, FL 33629 US
 City-St-Zip:
 TAMPA, FL 33606 US

Title: VP (X) Delete Title: () Change () Addition

 Name:
 GUITO, KAREN A
 Name:

 Address:
 5105 W. POE AVE.
 Address:

 City-St-Zip:
 TAMPA, FL 33629 US
 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: KAREN E. GUITO PRES 03/20/2009