

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000050818

**FILED**  
**Jan 07, 2012**  
**Secretary of State**

**Entity Name:** MAGNOLIA SPA AND SALON INC.

**Current Principal Place of Business:**

24836 STATE ROAD 54  
LUTZ, FL 33559

**New Principal Place of Business:**

**Current Mailing Address:**

24836 STATE ROAD 54  
LUTZ, FL 33559

**New Mailing Address:**

**FEI Number:** 27-2874884

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

POROSLAY, GIZELLA  
4719 JENNMAR WAY  
NEW PORT RICHEY, FL 34652 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: PD  
Name: PROSLAY, GIZELLA  
Address: 4719 JENNMAR WAY  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: SD  
Name: POROSLAY, ATTILA  
Address: 4719 JENNMAR WAY  
City-St-Zip: NEW PORT RICHEY, FL 34652

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: GIZELLA POROSLAY

PD

01/07/2012

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

\_\_\_\_\_  
Date