

**FOR PROFIT CORPORATION  
ANNUAL REPORT**

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**FILED**

11 MAY 26 AM 10:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P10 0000 60420

1. Entity Name

ELISA FASHION & HAIR SUPPLY, INC.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business - No P.O. Box #

1125 Washington Street

3. Mailing Address

6500 SW 138ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

706

City & State

Norwood, Massachusetts

City & State

Miami, Florida

4. FEI Number

Applied For

Not Applicable

CR2E034B (1/11)

Zip  
02062

Country  
USA

Zip  
33183

Country  
USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Antonia V. Arzeno

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

6500 SW 138ct

#706

City

Miami

FL

Zip Code

33183

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 installing)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ \$5.00 May Be  
Trust Fund Contribution. Added to Fees

E-mail Address:

VARZEND2009@HOTMAIL.COM  
E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Antonia V Arzeno P.S.  
6600 SW 138ct #706  
Miami, FL 33183

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
Pedro T Arzeno  
3 Duaneham Street  
Carrer, MA 02330

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
5/24

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.

SIGNATURE:

Antonia V. Arzeno

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

05/16/11

Daytime Phone #