


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 21, 2005 8:00 am**  
**Secretary of State**

02-21-2005 90059 036 \*\*\*150.00

<b>DOCUMENT # P94000069246</b> 1. Entity Name <b>MIRABELLA'S HAIR SALON, INC.</b>					
Principal Place of Business <b>1074 S. FLORIDA AVENUE LAKELAND, FL 33803</b>			Mailing Address <b>1074 S. FLORIDA AVENUE LAKELAND, FL 33803</b>		
2. Principal Place of Business <b>819 S Florida Ave</b>		3. Mailing Address <b>819 S Florida Ave</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Lakeland, FL</b>		City & State <b>Lakeland, FL</b>		4. FEI Number <b>59-3371877</b>	
Zip <b>33801</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ROHLFING, LINDA 1074 S. FLORIDA AVENUE LAKELAND, FL 33803</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>819 S Florida Ave</b> City <b>Lakeland</b> <b>FL</b> Zip Code <b>33801</b>		
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: <i>Linda Rohlifing</i> (NOTE: Registered Agent signature required when reinstating) DATE: <b>1-15-05</b>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>ROHLFING, FRANK C</b> <b>1074 S FLORIDA AVE</b> <b>LAKELAND, FL</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>ROHLFING, LINDA L</b> <b>1074 S FLORIDA AVE</b> <b>LAKELAND, FL</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Linda Rohlifing</i> Date: <b>1-15-05</b> Daytime Phone #: <b>863-603-9101</b>		

40020565



02042005 Chg-P CR2E034 (10/03)