## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Mar 23, 2005 08:00 AM Secretary of State DOCUMENT # P97000069064 ISLA HAIR STYLING SALON, INC. Principal Place of Business \_ Mailing Address 5901 SUN BLVD STE 118 1311-45 STREET NORTH ST PETERSBURG, FL 33715 ST PETERSBURG, FL 33713 US 01032005 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3461675 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent AMBRESTER, REBA A DO NOT WRITE 5901 SUN BLVD STE 118 ST PETERSBURG, FL 33715 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME AMBRESTER, REBA A STREET ADDRESS 5901 SUN BLVD STE 118 -- U00000272839 03/23/05-80004-008 150.00 ST PETERSBURG, FL 33715 CITY-ST-ZIP TITLE WASHABAUGH, BONNIE J NAME STREET ADDRESS 1311-45 STREET NORTH CITY-ST-ZIP ST PETERSBURG, FL 33713 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE MAUE STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f). 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 ampowered 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. \*\*Control of the exemption stated in Section 119.07(3)(f). Florida Statutes, I further certify that the information indicated on 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. \*\*Control of the exemption stated in Section 119.07(3)(f). Florida Statutes, I further certify that the information indicated on 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.

**FILED**