


2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90060 049 ***150.00

DOCUMENT # P99000089445																																																																																																																																			
1. Entity Name SALON BELLE LIZA, INC.																																																																																																																																			
Principal Place of Business 3310 BAY TO BAY BLVD. #102 TAMPA, FL 33629			Mailing Address 5110 S JULES VERNE CT TAMPA, FL 33611																																																																																																																																
2. Principal Place of Business 5110 S. JULES VERNE CT		3. Mailing Address																																																																																																																																	
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																																	
City & State TAMPA FL		City & State TAMPA FL		4. FEI Number 59-3606656																																																																																																																															
Zip 33611		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																															
6. Name and Address of Current Registered Agent ESPARZA, LISA 3310 BAY TO BAY BLVD. #102 TAMPA, FL 33629			7. Name and Address of New Registered Agent Name: LISA ESPARZA Street Address (P.O. Box Number is Not Acceptable): 5110 S. JULES VERNE CT City: TAMPA FL Zip Code: 33611																																																																																																																																
B. 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>Lisa Esparza</i> (NOTE: Registered Agent signature required when reinstating) DATE:																																																																																																																																			
-- FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																																
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;">P ESPARZA, LISA ROSE</td> <td style="width: 30%; padding: 2px;"><input type="checkbox"/> Delete</td> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;">LISA ESPARZA</td> <td style="width: 30%; padding: 2px;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">730 SEAGATE DR</td> <td></td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">5110 S. 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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>Lisa Esparza</i>																																																																																																																																			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																																																																																																																			
Date: Daytime Phone #:																																																																																																																																			