


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 11, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # S86255</b> 1. Entity Name MIRABELLA, INC.	
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Principal Place of Business 202 E. CENTER STREET, SUITE A TARPON SPRINGS, FL 34689 US	Mailing Address 202 E. CENTER STREET, SUITE A TARPON SPRINGS, FL 34689 US
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**DO NOT WRITE IN THIS SPACE**



01032005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3089633	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  KOKOLAKIS, JOHN 202 E. CENTER STREET, SUITE A TARPON SPRINGS, FL 34689	<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<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</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOKOLAKIS, JOHN 103 BUENA VISTA DRIVE DUNEDIN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOKOLAKIS, PAGONA 103 BUENA VISTA DRIVE DUNEDIN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOKOLAKIS, MICHAEL 2765 LONG PUTT CT PALM HARBOR, FL 34683
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOKOLAKIS, JOSEPH 134 BUENA VISTA DR DUNEDIN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KASTRENAKES, MARIA 3817 WELLINGTON PKWY PALM HARBOR, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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01/11/05-80049-003 150.00

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.

<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Joseph J. Kokolakis	1/4/05	727-942-2211
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