

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S86255

Entity Name: MIRABELLA, INC.

FILED  
Mar 27, 2009  
Secretary of State

## Current Principal Place of Business:

202 E. CENTER STREET, SUITE A  
TARPON SPRINGS, FL 34689 US

## New Principal Place of Business:

202 E. CENTER STREET  
TARPON SPRINGS, FL 34689 US

## Current Mailing Address:

202 E. CENTER STREET, SUITE A  
TARPON SPRINGS, FL 34689 US

## New Mailing Address:

202 E. CENTER STREET  
TARPON SPRINGS, FL 34689 US

FEI Number: 59-3089633

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KOKOLAKIS, JOHN  
202 E. CENTER STREET, SUITE A  
TARPON SPRINGS, FL 34689 US

## Name and Address of New Registered Agent:

KOKOLAKIS, JOHN  
202 E. CENTER STREET  
TARPON SPRINGS, FL 34689 US

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.

SIGNATURE:

03/27/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: KOKOLAKIS, JOHN  
Address: 103 BUENA VISTA DRIVE  
City-St-Zip: DUNEDIN, FL

Title: D ( ) Delete  
Name: KOKOLAKIS, PAGONA  
Address: 103 BUENA VISTA DRIVE  
City-St-Zip: DUNEDIN, FL

Title: D ( ) Delete  
Name: KOKOLAKIS, MICHAEL  
Address: 2765 LONG PUTT CT  
City-St-Zip: PALM HARBOR, FL 34683

Title: D ( ) Delete  
Name: KOKOLAKIS, JOSEPH  
Address: 134 BUENA VISTA DR  
City-St-Zip: DUNEDIN, FL

Title: D ( ) Delete  
Name: KASTRENAKES, MARIA  
Address: 3817 WELLINGTON PKWY  
City-St-Zip: PALM HARBOR, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN KOKOLAKIS

D

03/27/2009

Electronic Signature of Signing Officer or Director

Date