

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000063845

**Entity Name:** GIRASOLI SALON INC.

**Current Principal Place of Business:**

615 CAPE CORAL PKWY W  
SUITE 207  
CAPE CORAL, FL 33914

**FILED**  
**Apr 29, 2014**  
**Secretary of State**  
**CC1725402751**

**Current Mailing Address:**

615 CAPE CORAL PKWY W  
SUITE 207  
CAPE CORAL, FL 33914

**FEI Number: 27-0640152**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

BENNETT, PAMELA L  
1697 EDITH ESPLANADE  
CAPE CORAL, FL 33904 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	P	Title	S
Name	BENNETT, PAMELA L	Name	BENNETT, THOMAS MSR
Address	1697 EDITH ESPLANADE	Address	1697 EDITH ESPLANADE
City-State-Zip:	CAPE CORAL FL 33904	City-State-Zip:	CAPE CORAL FL 33904

*I hereby 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 all other like empowered.*

**SIGNATURE: PAMELA BENNETT**

**PRESIDENT**

**04/29/2014**

Electronic Signature of Signing Officer/Director Detail

Date