2006 FOR PROFIT CORPORATION ANNUAL REPORT

May 01, 2006 8:00 am Secretary of State DOCUMENT # P05000033470 1. Entity Name
PERSONALITY DAY SPA, INC. 03-17-2006 90127 047 ***150.00 Mailing Address Principal Place of Business 8608 NW 44TH STREET 8608 NW 44TH STREET SUNRISE, FL 33351 US SUNRISE, FL 33351 PPATORAN Z. Principal Place of Business 3. Malling Address Suite, Apt. 4. etc. Siple, Apt. #, etc. CR2E034 (11/05) 02162006 Chg-P Applied For City & State City & State Not Applicable \$8.75 Additional 7in Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent Name ISRAEL, VARDA Street Address (P.O. Box Number is Not Acceptable) 8608 NW 44TH STREET SUNRISE, FL 33351 Zip Code City FL 8. The above named enkly 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 proted name of registered agent and title if applicable. (NOTE: Registered Agent aignature required when remotiting) FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9, Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. Change | THLE Delete TITLE ISRAEL, VARDA NAME NAME 6608 NW 44TH STREET STREET ADDRESS STREET ADDRESS CITY-SI-D# SUNRISE, FL 33351 011-51-72 Charge ☐ Adoption TITLE ☐ Delete 1171 6 NAME navæ STREET ADDRESS STREET ADDRESS CDY-SI-ZP CJ\$Y-51-70P Change Addition D Delete IITLE ufc[HAME NAME STREET ADORESS STREET ADDRESS CHY-51-20 G17-51-70P Addition ☐ Change TOTALE Delete 1111 E HAME STREET ADDRESS SEPRET ADDRESS 017-51-72 27.51-20° Addition Change TILE Delete TATALE HALLE W SZREET ADORESS STREET ADDRESS CRY-ST-DP CHY-ST-2P Addation Change Dete:2 TITLE TOLE NAME. NAME STREET ADORESS STREET ADDRESS CITY-ST-ZP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation of the receiver or stustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if charged, or on an shackment with an address, with all other like empowered.

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FILED

20.9 9902872261

SIGNATURE:

TURE AND TYPED ON PRINTED N

TED NAME OF DIGHNIQ OFFICER OR DIRECTOR

Date

Registered
APRIL 26, 2006

ATTACHMENT
66013202

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATION PO BOX 1500 TALLAHASSEE, FLORIDA 32302-1500

ATTENTION: ANNUAL REPORTS SECTION

RE: PERSONALITY DAY-SPA,-INC REFERENÇE PO50000033470

ATTACHED IS A COPY OF YOUR LETTER DATED MARCH 21, 2006 IN WHICH YOU REQUESTED BLOCK 4 TO BE COMPLETED. I HAVE ATTACHEDYOUR COPY OF THE FORM WITH THAT BOX COMPLETED......THAT NUMBER IS 20-2442582.

I TRIED COMMUNICATING THIS TO YOU BY PHONE, BUT AFTER HOLDING ON THE LINE FOR 2 HOURS, I GAVE UP.

FROM YOUR LETTER I UNDERSTAND THAT YOU STILL HAVE THE CHECK FOR \$150 OR HAVE ALREADY PROCESSED IT AND THEREFORE THIS SHOULD COMPLETE OUR 2006 FILING.

SHOULD YOU REQUIRE ANYTHING FURTHER, PLEASE CALL FRED AT 954 323 6300

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