2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000077920

Entity Name: AFFINITY MEDSPA, INC.

FILED Apr 21, 2006 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
8648 STATE RD. 70 BRADENTON, FL 34202 US				8648 STATE ROAD 70 SUITE B BRADENTON, FL 34202 US			
Current Mailing Address:				New Mailing Address:			
C/O DORI	DATH			C/O DORI	A DATH		
339 6TH A		ST 339 6TH AVE WEST				US	
FEI Number:	20-2910309	FEI Number Applied For ()	FEI Nun	nber Not Appli	icable ()	Certificate of Status Desired ((X)
Name and	Address of Cu	ırrent Registered Agent:	Name and	Address of Ne	w Registered Agent:		
	VE WEST ON, FL 34205	US		f changing it	to registered offi	ios or registered agent or	hoth
	named entity st e of Florida.	ubmits this statement for the pu	rpose o	r changing ii	is registered oili	ice or registered agent, or	botn,
SIGNATUR	RE:						
	Electronic	Signature of Registered Agen	t			Date	
Election Can	npaign Financing	Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P, D () [SORRENTINO, D 6703 CAMDEN B TAMPA, FL 3363	AY DR #102		Title: Name: Address: City-St-Zip:	P (X) C SORRENTINO, D 8648 STATE ROA BRADENTON, FL	AD 70 - STE B	
Title: Name: Address: City-St-Zip:	VP,D ()[BOUQUIN, BRIDG 364 HERNANDO SARASOTA, FL	AVE		Title: Name: Address: City-St-Zip:	D (X) C SORRENTINO, D 8648 STATE ROA BRADENTON, FL	AD 70 - STE B	
Title: Name: Address: City-St-Zip:	S, T () [RATH, DORI A 339 6TH AVE W BRADENTON, FL	Delete . 34205 US		Title: Name: Address: City-St-Zip:	()(Change () Addition	
Title: Name: Address: City-St-Zip:	D () [RATH, DORI A 339 6TH AVE WE BRADENTON, FL			Title: Name: Address: City-St-Zip:	() (Change () Addition	
Title: Name: Address: City-St-Zip:	D () [DORRIS, VIRGIN 339 6TH AVE WE BRADENTON, FL	EST		Title: Name: Address: City-St-Zip:	()(Change ()Addition	
Title: Name: Address: City-St-Zip:	D (X) I SNOKE-BOUQUI 339 6TH AVE W BRADENTON, FL			Title: Name: Address: City-St-Zip:	()(Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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: DORI A. RATH S, T 04/21/2006