


**FILED**  
**May 05, 2008 08:00 AM**  
**Secretary of State**

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

<b>DOCUMENT # P97000091440</b>	
1. Entity Name <b>HALLANDALE HEALTH SPA AND CLINIC, INC.</b>	

Principal Place of Business <b>213 E. HALLANDALE BEACH BLVD. HALLANDALE, FL 33009</b>	Mailing Address <b>213 E. HALLANDALE BEACH BLVD. HALLANDALE, FL 33009</b>
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04282008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0780830</b>	Applied For <input type="checkbox"/> Not Applicable
8. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>PEREZ, ALBA L 213 E. HALLANDALE BEACH BLVD. HALLANDALE, FL 33009</b>
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**DO NOT WRITE IN THIS SPACE**

I, 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and the filer(s). (NOTE: Registered Agent signature required when re-registered) DATE \_\_\_\_\_


<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2008 Fee will be \$350.00	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	DPST PEREZ, ALBA L 2431 N 59TH AVE HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE IN THIS SPACE**

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06/02/08-80043-010 150.00

12. I hereby certify that the information supplied with this filing 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 or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block "C" or Block 11 if changed, or on an attachment with an address, with all other the employees.

SIGNATURE:  **4-30-08** **954-4561440**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

*Alba Lucia Perez*  
*President*