

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 18, 2008 08:00 A
Secretary of State**

DOCUMENT # P98000026567

1. Entity Name
ESSENCE SALON & DAY SPA, INC.



Principal Place of Business
**515 N PARK AVE
STE 114
WINTER PARK, FL 32789 US**

Mailing Address
**515 N PARK AVE
STE 114
WINTER PARK, FL 32789 US**

DO NOT WRITE IN THIS SPACE



04072008 No Chg-P CR2E034 (11/05)

4. FEI Number **59-3544538** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**TORRES, BLANCH
648 STONEFIELD LOOP
LAKE MARY, FL 32746**

**DO NOT WRITE
IN THIS SPACE**

8. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be
Added to Fees**

000000905445
05/01/08-80054-021 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	TORRES, BLANCH V
STREET ADDRESS	648 STONEFIELD LOOP
CITY-ST-ZIP	LAKE MARY, FL 32746
TITLE	VP
NAME	YEBBA, ANA
STREET ADDRESS	2018 MELLONVILLE AVE
CITY-ST-ZIP	SANFORD, FL 32771
TITLE	S
NAME	SIRICA, MARIA
STREET ADDRESS	906 ELDRIDGE ST
CITY-ST-ZIP	ORLANDO, FL 32817
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Handwritten Signature]
Date: **4/14/08** 407-628-8662
Daytime Phone #