

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000048992

**Entity Name:** SPA CABANAS, INC

**Current Principal Place of Business:**

2209 NE 26TH STREET  
FORT LAUDERDALE, FL 33305

**Current Mailing Address:**

2209 NE 26TH STREET  
FORT LAUDERDALE, FL 33305 US

**FEI Number:** 59-1426320

**Certificate of Status Desired:** No

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

NORMAN, LACHANCE  
2209 NE 26TH STREET  
FORT LAUDERDALE, FL 33305 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 PSTD  
Name LACHANCE, NORMAN  
Address 2209 NE 26TH STREET  
City-State-Zip: FORT LAUDERDALE FL 33305

*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:** NORMAN LACHANCE

**PRESIDENT**

**01/26/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date