

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000085741

**FILED**  
**Apr 27, 2019**  
**Secretary of State**  
**1652013005CC**

**Entity Name:** LE PETITE SPA CORPORATION

**Current Principal Place of Business:**

37 MERRICK WAY  
CORAL GABLES, FL 33134

**Current Mailing Address:**

37 MERRICK WAY  
CORAL GABLES, FL 33134 US

**FEI Number:** 80-0260721

**Certificate of Status Desired:** Yes

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

COHEN, ADRIANA  
37 MERRICK WAY  
CORAL GABLES, FL 33134 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	P, D	Title	S, T
Name	COHEN, ADRIANA	Name	COHEN, ADRIANA
Address	900 SURFSIDE BLVD	Address	900 SURFSIDE BLVD
City-State-Zip:	SURFSIDE FL 33154	City-State-Zip:	SURFSIDE FL 33154

*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:** ADRIANA COHEN

**P/D**

**04/27/2019**

Electronic Signature of Signing Officer/Director Detail

Date