2006 FOR PROFIT_CORPORATION ANNUAL REPORT

DOCUMENT # F03000001456

1. Entity Name
ASPEN SPA MANAGEMENT CORP.



FILED Mar 15, 2006 08:00 AM Secretary of State

Principal Place of Business

3450 DUNES VISTA DR. POMPANO BEACH, FL 33069 Mailing Address

3450 DUNES VISTA DR. _POMPANO BEACH, FL 33069



DO NOT WRITE IN THIS SPACE

03062006 No Chg-P CR2E034 (11/05)

4. FEI Number | Applied For

5. Certificate of Status Desired

51-0009810

Not Applicable
\$8.75 Additional
Fee Requires

6. Name and Address of Current Registered Agent

ANDREWS, RAOUL 3450 DUNES VISTA DR POMPANO BEACH, FL 33069

SIGNATURE:

DO NOT WRITE IN THIS SPACE

				114	TINO OF ACE
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 Fiorida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE					
Signature, typed or printed name of registered agent and title III applicable. (NOTE: Registered Agent algebraic equited when reinstating) DATE					
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		 Election Campaign Finance Trust Fund Contribution. 	elng 🔲	\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC ANDREWS, RAOOL 3450 DUNES VISTA RD POMPANO BEACH, FL 33069			<u>-</u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					000000468255 03/24/06-80023-022 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN 7	THIS SPACE
TITLE NAME STREET ADDRESS CITY-S7-ZIP				₋	<u></u>
Title Name Street address City-ST-ZIP					
12. I hereby certify that the information supplied with this tilling 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 empowered.					