

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED  
Jan 19, 2005  
Secretary of State

DOCUMENT# P00000006653

Entity Name: LE' SWISSE SPA, INC.

**Current Principal Place of Business:**

1113 S.E. 47TH TERRACE  
SUITE 5  
CAPE CORAL, FL 33904

**New Principal Place of Business:**

**Current Mailing Address:**

1113 S.E. 47TH TERRACE  
SUITE 5  
CAPE CORAL, FL 33904

**New Mailing Address:**

FEI Number: 65-0979662      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

WEICHERT, DARCI L  
5206 SANTA ROSA COURT  
CAPE CORAL, FL 33904      US

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

WEICHERT, DARCI L  
2803 SW 37TH TERRACE  
CAPE CORAL, FL 33914      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: DARCI WEICHERT

01/19/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PVST ( ) Delete  
Name: WEICHERT, DARCI  
Address: 5206 SANTA ROSA COURT  
City-St-Zip: CAPE CORAL, FL 33904

Title: D ( ) Delete  
Name: WEICHERT, DARCI  
Address: 5206 SANTA ROSA COURT  
City-St-Zip: CAPE CORAL, FL 33904

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PVST (X) Change ( ) Addition  
Name: WEICHERT, DARCI  
Address: 2803 SW 37TH TERRACE  
City-St-Zip: CAPE CORAL, FL 33914

Title: D (X) Change ( ) Addition  
Name: WEICHERT, DARCI  
Address: 2803 SW 37TH TERRACE  
City-St-Zip: CAPE CORAL, FL 33914

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DARCI WEICHERT

D

01/19/2005

Electronic Signature of Signing Officer or Director

Date