


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 27, 2005 8:00 am
Secretary of State

06-27-2005 90003 014 ***550.00

DOCUMENT # P00000007567		
1. Entity Name FOUNDATION SPA, SALON & STUDIO, INC.		

Principal Place of Business 7313 S.W. 59TH COURT MIAMI, FL 33143	Mailing Address 7313 S.W. 59TH COURT MIAMI, FL 33143
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50053837



2. Principal Place of Business TWO S. BISCAYNE BLVD Suite, Apt. #, etc. SUITE 2460	3. Mailing Address TWO S. BISCAYNE BLVD Suite, Apt. #, etc. SUITE 2460
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06242005 Chg-P CR2E034 (10/03)

City & State MIAMI FL	City & State MIAMI FL	4. FEI Number 65-1024545	Applied For Not Applicable
Zip 33131	Country USA	Zip 33131	Country USA

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

6. Name and Address of Current Registered Agent KUPERMAN, MARC A 7695 S.W. 104TH STREET SUITE 210 MIAMI, FL 33156		7. Name and Address of New Registered Agent Name: TONY KORVICK, ESQ. Street Address (P.O. Box Number is Not Acceptable) TWO S. BISCAYNE BLVD SUITE 2460 City: MIAMI FL Zip Code: 33131	
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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: TONY KORVICK, ESQ. DATE: 6/24/05
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PORTER, MYRA 7313 S.W. 59TH COURT MIAMI, FL 33143 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PORTER, NEWTON P 7313 S.W. 59TH COURT MIAMI, FL 33143 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PORTER, NEWTON, P D P TWO S. BISCAYNE BLVD, SUITE 2460 MIAMI FL 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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.
SIGNATURE: NEWTON PORTER DATE: 6/24/05 (305) 373 5040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #