

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000080494

Entity Name: L'ESCAPADE SPA & SALON, INC.

FILED  
Apr 29, 2006  
Secretary of State

## Current Principal Place of Business:

2111 N UNIVERSITY DRIVE  
PLANTATION, FL 33324

## New Principal Place of Business:

## Current Mailing Address:

2111 N UNIVERSITY DRIVE  
PLANTATION, FL 33324

## New Mailing Address:

FEI Number: 65-1041740

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ORIOLO, GINETTE  
2111 N UNIVERSITY DRIVE  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: GLAZE, PETER  
Address: 2111 N UNIVERSITY DRIVE  
City-St-Zip: PLANTATION, FL 33324

Title: VD ( ) Delete  
Name: ABRAHAMS, RICHARD  
Address: 3929 E LAKE PLACE  
City-St-Zip: MIRAMAR, FL 33023

Title: VD ( ) Delete  
Name: ORIOLO, GINETTE  
Address: 4551 NW 41 CT  
City-St-Zip: FORT LAUDERDALE, FL 33319

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: GINETTE ORIOLO

VD

04/29/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date