

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

2004 JUN -2 PM 2: 32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000023702

1. Entity Name
NOUVELLE DAY SPA, CORP.



Principal Place of Business

8713 S.W. 124 AVENUE
MIAMI, FL 33183

Mailing Address

8713 S.W. 124 AVENUE
MIAMI, FL 33183



05272004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1106213

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DE ROJAS, MARISOL G
9631 N.W. 45 STREET
MIAMI, FL 33178

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD DE ROJAS, MARISOL G 9631 N.W. 45 STREET MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVDC HENRIQUE, ROJAS 9631 NW 45 ST. MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CALECA, ANDRES 8713 S.W. 124 AVE. MIAMI, FL 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

800037667088
06/04/04--01038--014 **550.00

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/27/04

Date

Daytime Phone #