


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

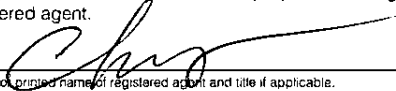
FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90048 006 ***150.00

DOCUMENT # P01000047551		
1. Entity Name SC DAY SPA, INC.		
Principal Place of Business 328 N. OCEAN BLVD. POMPANO BCH FL 33062		Mailing Address 328 N. OCEAN BLVD. POMPANO BCH FL 33062
2. Principal Place of Business NU-LOOK SPA Suite, Apt. #, etc. 403 S. Fed HWY	3. Mailing Address NU-LOOK SPA Suite, Apt. #, etc. 403 S Fed HWY	
City & State Pompano Bch, FL	City & State Pompano Beach, FL	
Zip 33062	Country BROWARD	Zip 33062
Country BROWARD		



MOORE CR2E034 (11/03)

4. FEI Number 74-3057899		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent CHOE, CHOM-OK 328 N. OCEAN BLVD. POMPANO BCH FL 33062		
7. Name and Address of New Registered Agent Name NU-LOOK SPA (SC DAY SPA) INC. Street Address (P.O. Box Number is Not Acceptable) 403 S. Federal HWY City Pompano Beach FL Zip Code 33062		
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  DATE 2/07/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	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	PTD CHOE, CHOM-OK 328 N. OCEAN BLVD. POMPANO BCH FL 33062 <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	VPSD PARK, SUN-DUK 328 N. OCEAN BLVD. POMPANO BCH FL 33062 <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
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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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: **CHOM OK CHOE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **2/07/04** Daytime Phone #