

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000055030

FILED  
Mar 14, 2009  
Secretary of State

**Entity Name:** THE FLORIDIAN DAY SPA, SALON AND NUTRITIONAL INSTITUTE, INC.

**Current Principal Place of Business:**

7160 WEST 20 AVENUE M-133  
HIALEAH, FL 33016

**New Principal Place of Business:**

13969 NW 67 AVENUE  
MIAMI LAKES, FL 33014

**Current Mailing Address:**

7160 WEST 20 AVENUE M-133  
HIALEAH, FL 33016

**New Mailing Address:**

8260 NW 157 TERRACE  
MIAMI LAKES, FL 33016

**FEI Number:** 65-1109122

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PEREZ, LEYANEE  
7160 WEST 20 AVENUE M-133  
HIALEAH, FL 33016 US

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

PEREZ, LEYANEE  
8260 NW 157 TERRACE  
MIAMI LAKES, FL 33016 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: LEYANEE PEREZ

03/14/2009

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: PEREZ, LEYANEE  
Address: 7160 WEST 20 AVENUE M-133  
City-St-Zip: HIALEAH, FL 33016

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

Title: PD (X) Change ( ) Addition  
Name: PEREZ, LEYANEE  
Address: 8260 NW 157 TERRACE  
City-St-Zip: MIAMI LAKES, FL 33016

I hereby certify that the information supplied with this filing does not qualify 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: LEYANEE PEREZ

PD

03/14/2009

Electronic Signature of Signing Officer or Director

Date