

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000061827

FILED
May 03, 2004
Secretary of State

Entity Name: URBAN ESCAPE MASSAGE & WELLNESS, INC.

Current Principal Place of Business:

7208 PIERCE HARWELL RD
PLANT CITY, FL 33565

New Principal Place of Business:

4890 WEST KENNEDY BLVD.
130A
TAMPA, FL 33609 US

Current Mailing Address:

7208 PIERCE HARWELL RD
PLANT CITY, FL 33565

New Mailing Address:

7208 PIERCE HARWELL RD
PLANT CITY, FL 33565 US

FEI Number: 59-3755616

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRUNSON, JOHN M
7208 PIERCE HARWELL RD
PLANT CITY, FL 33565

Name and Address of New Registered Agent:

BRUNSON, JOHN M
7208 PIERCE HARWELL RD
PLANT CITY, FL 33565 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:

05/03/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ALVARA, RUBY F
Address: 7208 PIERCE HARWELL RD
City-St-Zip: PLANT CITY, FL 33565

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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 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: RUBY ALVARA

D

05/03/2004

Electronic Signature of Signing Officer or Director

Date