

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000074044

FILED  
May 01, 2010  
Secretary of State

**Entity Name:** TOTAL ADVANTAGE HAIR & BODY SPA, INC.

**Current Principal Place of Business:**

1341 N.W. 159 LANE  
PEMBROKE PINES, FL 33028

**New Principal Place of Business:**

1375 SW 101 WAY  
201  
PEMBROKE PINES, FL 33025 US

**Current Mailing Address:**

POST OFFICE BOX 172733  
HIALEAH, FL 33017

**New Mailing Address:**

POST OFFICE BOX 172733  
HIALEAH, FL 33017 US

**FEI Number:** 65-1126833

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SPIEGEL & UTRERA, P.A.  
1840 SOUTHWEST 22 STREET  
4TH FLOOR  
MIAMI, FL 33145 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** ROBINSON-STOKES, KRISHERAL  
**Address:** 1375 SW. 101 WAY APT 201  
**City-St-Zip:** PEMBROKE PINES, FL 33025 US

**Title:** S  
**Name:** HARTLEY, DORIS  
**Address:** 1375 SW 101 WAY APT 201  
**City-St-Zip:** PEMBROKE PINES, FL 33025 US

**Title:** T  
**Name:** TROY, IRIS  
**Address:** 17640 NW 12 AVE  
**City-St-Zip:** MIAMI GARDENS, FL 33169 US

**Title:** V  
**Name:** FERGUSON, MICHELLE C  
**Address:** 7325 S W 152 STREET  
**City-St-Zip:** MIAMI, FL 33157

I hereby 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 all other like empowered.

**SIGNATURE:** KRISHERAL ROBINSON-STOKES

PD

05/01/2010

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

\_\_\_\_\_  
Date