FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

06-20-2006 90011 049 ***150.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000092831

1. Entity Name
Garden of Eden Spa & Aesthetics

DO NOT WRITE IN THIS SPACE

40096152

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2210 Jog Rd.	2210 Jog Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Greenacres, FL.	City & State: Greenacres, FL.
Zip: 33415 Country: Palm Beach	Zip: 33415 Country: Palm Beach

4. FEI Number: 300227512 — Applied For ☐ / No. Applicable ☐

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Alicia Susan Archuleta

Street Address (P.O. Box Number is Not Acceptable):
18726 50TH St. N.

City: Loxahatchee FL Zip Code: 33470

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: Alicia Susan Archuleta 6.16.06
Typed or printed name of registered agent and title if applicable — Date

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

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	President / D Alicia Susan Archuleta 18726 50th St. N. Loxahatchee, FL. 33470	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President / S / T Rudy Alexander Archuleta 18726 50th St. N. Loxahatchee, FL.	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**DO NOT WRITE IN THIS SPACE**
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Alicia Susan Archuleta 6.16.06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date