

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90074 023 ***150.00

DOCUMENT # P01000101192 1. Entity Name HEAVENLY SPA INC.					
Principal Place of Business 1691 NE 123RD ST. N. MIAMI, FL 33181			Mailing Address 8910 BYRON AVE SURFSIDE, FL 33154		
2. Principal Place of Business 1685 NE 123 ST		3. Mailing Address Suite, Apt. #, etc.			
City & State NORTH MIAMI FL.		City & State		4. FEI Number 65-1148938	
Zip 33181		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROMANIUK, PATRICIA A 1691 NE 123RD ST. N. MIAMI, FL 33181				7. Name and Address of New Registered Agent Name ROMANIUK, MABEL Street Address (P.O. Box Number is Not Acceptable) 8910 Byron Ave City SURFSIDE FL Zip Code 33154	
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: 4/11/05					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROMANIUK, PATRICIA A 1691 NE 123RD ST. N. MIAMI, FL 33181	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY ROMANIUK, PATRICIA 8910 Byron Ave SURFSIDE FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S AUGE, LAURA 1691 NE 123RD ST. N. MIAMI, FL 33181	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ROMANIUK, MABEL 8910 Byron Ave SURFSIDE FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BAGUER, ELIZABETH 8910 BYRON AVE SURFSIDE, FL 33181	<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	<input type="checkbox"/> Change <input type="checkbox"/> Addition		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	<input type="checkbox"/> Change <input type="checkbox"/> Addition		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	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 				Date: 4/11/05 Daytime Phone #: 305 8932669	