

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P01000101192

1. Entity Name  
HEAVENLY SPA INC.



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

04-15-2005 90074 023 \*\*\*150.00

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.  
*1*

Suite, Apt. #, etc.

City & State  
*NORTH Miami FL*

City & State

Zip  
*33181*

Zip

Country

4. FEI Number  
*65-1148938*

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

ROMANIUK, PATRICIA A  
1691 NE 123RD ST.  
N. MIAMI, FL 33181

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.

*4/11/05*

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

PD  
ROMANIUK, PATRICIA A  
1691 NE 123RD ST.  
N. MIAMI, FL 33181

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

SECRETARY  
ROMANIUK, PATRICIA  
8910 BYRON AVE  
SURFSIDE FL 33154

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

S  
AUGE, LAURA  
1691 NE 123RD ST.  
N. MIAMI, FL 33181

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

ROMANIUK, MABEL  
8910 BYRON AVE  
SURFSIDE FL 33154

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

V  
BAGUER, ELIZABETH  
8910 BYRON AVE  
SURFSIDE, FL 33181

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
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CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  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:

*M. Romaniuk*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/11/05 3058932669*

Date

Daytime Phone #