

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000101192

**FILED**  
**Apr 03, 2012**  
**Secretary of State**

**Entity Name:** HEAVENLY SPA INC.

**Current Principal Place of Business:**

8910 BYRON AVE  
SURFSIDE, FL 33154

**New Principal Place of Business:**

**Current Mailing Address:**

8910 BYRON AVE  
SURFSIDE, FL 33154

**New Mailing Address:**

**FEI Number:** 65-1148938

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROMANIVK, MABEL  
8910 BYRON AVE  
SURFSIDE, FL 33154 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

**OFFICERS AND DIRECTORS:**

Title: S  
Name: ROMANIUK, PATRICIA A  
Address: 8910 BYRON AVE  
City-St-Zip: SURFSIDE, FL 33154

Title: P  
Name: ROMANIUK, MABEL  
Address: 8910 BYRON AVE  
City-St-Zip: SURFSIDE, FL 33154

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: MABEL ROMANIUK

P

04/03/2012

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

\_\_\_\_\_  
Date