

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 27, 2004 8:00 am**  
**Secretary of State**

08-27-2004 90009 029 \*\*\*150.00

**DOCUMENT # P02000018649**

1. Entity Name  
**TOUCH OF PARADISE SPA INC.**



Principal Place of Business

**12745 SW 150 LN  
MIAMI, FL 33186**

Mailing Address

**13270 SW 131 ST.  
SUITE 135  
MIAMI, FL 33186**

**24081922**



**DO NOT WRITE IN THIS SPACE**

03062003 No Chg-P CR2E034 (10/03)

4. FEI Number  
**43-1982663**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**RIERA, JESSICA M  
12745 SW 150 LN  
MIAMI, FL 33186**

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

**8/25/04**

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

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

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME RIERA, JESSICA M  
STREET ADDRESS 12745 S.W. 150 LN  
CITY-ST-ZIP MIAMI, FL 33186

TITLE  
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CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/25/04**

Date

Daytime Phone #