

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000026415

FILED
Apr 01, 2004
Secretary of State

Entity Name: FINGER SPA, INC.

Current Principal Place of Business:

C/O ANTHONY ENGINEERING & TECHNOLOGIES INC
10189 W. SAMPLE ROAD
CORAL SPRINGS, FL 33065

New Principal Place of Business:

C/O FINGER SPA, INC.
11767 NW 48TH STREET
CORAL SPRINGS, FL 33076

Current Mailing Address:

C/O KATHY ABRAHAM
11767 NW 48TH STREET
CORAL SPRINGS, FL 33076

New Mailing Address:

FEI Number: 27-0055813 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ABRAHAM, KATHLEEN H
11767 NW 48 STREET
POMPANO BEACH, FL 33076 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ABRAHAM, JOHN
Address: 11767 N.W. 48TH STREET
City-St-Zip: CORAL SPRINGS, FL 33076

Title: D () Delete
Name: ABRAHAM, KATHLEEN H
Address: 11767 N.W. 48TH STREET
City-St-Zip: CORAL SPRINGS, FL 33076

Title: D () Delete
Name: ANTHONY, MICHAEL M
Address: 10189 W SAMPLE RD
City-St-Zip: POMPANO BEACH, FL 33065

Title: D () Delete
Name: ANTHONY, ANGELICA A
Address: 6113 N.W. 6 WAY
City-St-Zip: CORAL SPRINGS, FL 33067

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: STARNES, CHARLES
Address: 3882 NW 124TH AVENUE
City-St-Zip: CORAL SPRINGS, FL 33065 US

Title: D () Change (X) Addition
Name: CAPELLA, LES
Address: 3882 NW 124TH AVENUE
City-St-Zip: CORAL SPRINGS, FL 33065 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: KATHLEEN H. ABRAHAM

D

04/01/2004

Electronic Signature of Signing Officer or Director

_____ Date