FILED
May 02, 2003 8:00 am
Secretary of State
05-02-2003 90259 048 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000026415

80105153

1. Entity Name
FINGER SPA, INC.

Principal Place of Business	Mailing Address
C/O 10189 WEST SAMPLE ROAD CORAL SPRINGS, FL 33065	C/O 10189 WEST SAMPLE ROAD CORAL SPRINGS, FL 33065

2. Principal Place of Business	3. Mailing Address
11767 NW 48 ST Suite, Apt. #, etc.	11767 NW 48 ST Suite, Apt. #, etc.
City & State: CORAL SPRINGS, FL	City & State: CORAL SPRINGS, FL
Zip: 33076 Country:	Zip: 33076 Country:

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number: _ -- ☑ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ANTHONY, ANGELICA A 10189 WEST SAMPLE ROAD CORAL SPRINGS, FL. 33065	Name: KATHLEEN H ABRAHAM Street Address (P.O. Box Number is Not Acceptable): 11767 NW 48 ST City: CORAL SPRINGS FL Zip Code: 33076

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: Kathleen H. Abraham Kathleen H. Abraham-VP 4-29-03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when changing) DATE

FILE NOW!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	D ABRAHAM, JOHN 11767 N.W. 48TH STREET CORAL SPRINGS, FL 33076	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ABRAHAM, KATHLEEN H 11767 N.W. 48TH STREET CORAL SPRINGS, FL 33076	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ANTHONY, MICHAEL M ~~6113 N.W. 5 WAY~~ ~~CORAL SPRINGS, FL 33067~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Anthony, Michael M... 10189 W. Sample Rd. Coral Springs, FL 33065	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ANTHONY, ANGELICA A 6113 N.W. 5 WAY CORAL SPRINGS, FL 33067	☐ 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 / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

GR2E034 (10/02)

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: Kathleen H. Abraham Kathleen H. Abraham 4-29-03 954-448-6389
SIGNATURE AND TYPED OR PRINTED NAME OF INCOMING OFFICER OR DIRECTOR Date Daytime Phone #