

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

8/10/2005-90016-037-\$150.00-\$150.00

DOCUMENT # P02000036002 1. Entity Name PARADISE DAY SPA, INC.						<p style="font-size: 1.2em; font-weight: bold;">EIN# FILED</p> <p style="font-size: 0.8em;">05 AUG 29 AM 10:55 01-0645980 SECRETARY OF STATE TALLAHASSEE, FLORIDA</p> <p style="font-size: 0.8em;">2nd MOORE 90016-037 AUG 29 2005 CR2E034 (5/05)</p>	
Principal Place of Business 12192 BEACH BLVD. SUITE 1 JACKSONVILLE FL 32246				Mailing Address 12192 BEACH BLVD. SUITE 1 JACKSONVILLE FL 32246			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country				City & State Zip Country			
4. FEI Number AP-PLIED FOR				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BORDELON, MELISSA 12192 BEACH BLVD. SUITE 1 JACKSONVILLE FL 32246				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
FILE NOW!!! FEE IS \$550.00 DUE BY September 7, 2005 Make Check Payable to Florida Department of State				S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>			
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>				\$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 BORDELON, MELISSA 12192 BEACH BLVD. JACKSONVILLE FL 32246 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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 Date Daytime Phone #							