

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000047217

FILED
Jul 17, 2007
Secretary of State

Entity Name: SPA MANAGEMENT SOLUTIONS INC.

Current Principal Place of Business:

20832 SAN SIMEON WAY
#62B
MIAMI, FL 33179

New Principal Place of Business:

Current Mailing Address:

20832 SAN SIMEON WAY
#62B
MIAMI, FL 33179

New Mailing Address:

FEI Number: 88-0423394 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAHEL, TAMMY
20832 SAN SIMEON WAY
#62B
MIAMI, FL 33179 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PAHEL, TAMMY
Address: 20832 SAN SIMEON WAY 62B
City-St-Zip: MIAMI, FL 33179

Title: V () Delete
Name: VOGEL, SCOTT
Address: 20832 SAN SIMEON WAY 62B
City-St-Zip: MIAMI, FL 33179

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: SCOTT VOGEL

VP

07/17/2007

Electronic Signature of Signing Officer or Director

_____ Date