


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90324 008 ***150.00

DOCUMENT # P02000053598 1. Entity Name SPA CHERI, INC.			
Principal Place of Business 3404 S UNIVERSITY DR DAVIE, FL 33328		Mailing Address 3404 S UNIVERSITY DR DAVIE, FL 33328	
2. Principal Place of Business 5169 S. Univ. Dr		3. Mailing Address 6500 Taft St.	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 135	
City & State DAVIE FL		City & State Hollywood, FL	
Zip 33328		Zip 33024	
Country USA		Country USA	
4. FEI Number 02-0601534		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 RIOS, CHERI 3404 S UNIVERSITY DR DAVIE, FL 33328		7. Name and Address of New Registered Agent Name Cheri Rios Street Address (P.O. Box Number is Not Acceptable) 6500 Taft St #135 City Hollywood FL Zip Code 33024	
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 \$150.00 After May 1, 2004 Fee will be \$550.00		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 RIOS, CHERI 3404 S UNIVERSITY DR DAVIE, FL 33328	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Cheri Rios 6500 Taft St #135 Hollywood, FL 33024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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: Cheri Rios		Date 4-28-04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	