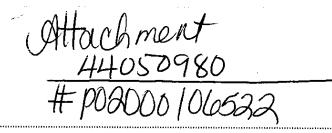
2004 FOR PROFIT CORPORATION

Jul 30, 2004 8:00 am ANNUAL REPORT (AR) **Secretary of State** DOCUMENT # P02000106522 1. Entity Name 07-30-2004 90009 021 ***150.00 JONIQUE DAY SPA, INC. Principal Place of Business: Mailing Address 1243 MYRTLE AVE CLEARWATER FL 33756 1243 MYRTLE AVE CLEARWATER FL 33756 44050980 5 Myrtle Ave MOORE CR2E034 (4/04) City & State Applied For City & State 4. FEI Number 01-0745969 learwa Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ZÍNO, VALERIE~ Street Address (P.O. Box Number is Not Acceptable) 1243 MYRTLE AVE CLEARWATER FL 33756 ---City 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, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 S.607,193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be DUE BY September 8, 2004 late fee. By checking this box, the corporation certifies it Trust Fund Contribution. Added to Fees did not receive prior notice. Fee to file is \$150.00. Make Check Payable to Florida Department of State 10. **OFFICERS AND DIRECTORS** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Addition ZINO, VALÉRIE NAME NAME 7503 16 AVE NORTH STREET ADDRESS STREET ADDRESS ST PETERSBURG FL 33710 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP THIE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ☐ Delete fmε ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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:

FILED



VALERIE ZINO

125 [- South Myrtle Ave. Clearwater, Fl 33756 (727) 441-1979

July 27, 2004

To the State Dept. Of Florida,

Enclosed is a check for \$150.00 for my annual fee. I respectfully request that you waive the \$400.00 late filling fee, due to the fact that I never received any annual report.

Please note you have the incorrect address, the correct address is:

Valerie Zino
1251- South Myrtle Ave.
Clearwater, Fl 33756
Please accept my check and note of the correct address.

Respectfully,

Valerie Zino