2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003
Secretary of State

DOCUMENT# P02000127522

Entity Name: SERENITY DAY SPA BY ALBA, INC.

Current Principal Place of Business:

11471 WEST SAMPLE ROAD
20
CORAL SPRINGS, FL 33065

New Principal Place of Business:

9705 WEST SAMPLE ROAD
CORAL SPRINGS, FL 33065

Current Mailing Address:

11471 WEST SAMPLE ROAD
20
CORAL SPRINGS, FL 33065

New Mailing Address:

9705 WEST SAMPLE ROAD
CORAL SPRINGS, FL 33065

FEI Number: 02-0656581 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SOTOMAYOR, ALBA PRES
11538 N.W. 6TH COURT
CORAL SPRINGS, FL 33071 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SOTOMAYOR, ALBA
Address: 11538 N.W. 6TH COURT
City-St-Zip: CORAL SPRINGS, FL 33071

Title: VP ( ) Delete
Name: SOTOMAYOR, ALBA
Address: 11538 N.W. 6TH COURT
City-St-Zip: CORAL SPRINGS, FL 33071

Title: T ( ) Delete
Name: SOTOMAYOR, ALBA
Address: 11538 N.W. 6TH COURT
City-St-Zip: CORAL SPRINGS, FL 33071

Title: S ( ) Delete
Name: SOTOMAYOR, ALBA
Address: 11538 N.W. 6TH COURT
City-St-Zip: CORAL SPRINGS, FL 33071

Title: D ( ) Delete
Name: SOTOMAYOR, ALBA
Address: 11538 N.W. 6TH COURT
City-St-Zip: CORAL SPRINGS, FL 33071

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 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 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: ALBA SOTOMAYOR PVTS 04/30/2003

Electronic Signature of Signing Officer or Director — Date