


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90237 005 ***158.75

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DOCUMENT # P03000011116 1. Entity Name DIVA DEVA SALON & SPA, INC.					
Principal Place of Business 2885 S FEDERAL HWY SE A-1 DELRAY BEACH, FL 33483			Mailing Address 2885 S FEDERAL HWY SE A-1 DELRAY BEACH, FL 33483		
2. Principal Place of Business The Beauty Cottage Suite, Apt. #, etc. 851 S.E. 6th Ave. #102 City & State Delray Bch., Fla Zip 33483		3. Mailing Address 955 Egret Cir. Suite, Apt. #, etc. Apt. B-209 City & State Delray Bch., Fla Zip 33444		4. FEI Number 04-3739273	
Country USA		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TEGLER-DEL CAMPO, J CHRISTINE 2885 S FEDERAL HWY SE A-1 DELRAY BEACH, FL 33483				7. Name and Address of New Registered Agent Name J. Christine Tegler-Del Campo Street Address (P.O. Box Number is Not Acceptable) 955 Egret Cir. Apt B-209 City Delray Bch	
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.				DATE 4-9-04	
SIGNATURE <i>J. Christine Tegler-Del Campo</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>				DATE 4-9-04	
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 D NAME TEGLER-DEL CAMPO, J C STREET ADDRESS 2885 S FEDERAL HWY SE A-1 CITY-ST-ZIP DELRAY BEACH, FL 33483	<input type="checkbox"/> Delete		TITLE P./RA. NAME J. Christine Tegler-Del Campo STREET ADDRESS 955 Egret Cir. Apt B-209 CITY-ST-ZIP Delray Bch., Fla 33444	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>J. Christine Tegler-Del Campo</i> J. Christine Tegler-Del Campo 4-9-04 561-330-0690 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> President / Reg Agent					