

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000011116

1. Entity Name
DIVA DEVA SALON & SPA, INC.



Principal Place of Business
THE BEAUTY COTTAGE
851 SE 6TH AVE #102
DELRAY BEACH, FL 33483

Mailing Address
955 EGRET CIR. APT B-209
DELRAY BEACH, FL 33444

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03142005 Chg-P CR2E034 (10/03)

4. FEI Number
04-3739273

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TEGLER-DEL CAMPO, J CHRISTINE
955 EGRET CIR. APT B-209
DELRAY BEACH, FL 33444

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL 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

J. Christine Tegler-Del Campo

(NOTE: Registered Agent signature required when reinstating)

3-19-05

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRA
NAME TEGLER-DEL CAMPO, J C
STREET ADDRESS 955 EGRET CIR. APT B-209
CITY-ST-ZIP DELRAY BEACH, FL 33444

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

Delete

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CITY-ST-ZIP

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Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change 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: *J. Christine Tegler-Del Campo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. Christine Tegler-Del Campo / 3-19-05 361-330-0690
Date Daytime Phone #

FILED
Mar 24, 2005 8:00 am
Secretary of State

03-24-2005 90026 024 ***158.75