2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

04-30-2004 90250 028 ***150.00
P03000013629

04 MAY 14 AM 10:00

TALLAHASSEE, FLORIDA

MOORE CR2E034 (11/03)

DOCUMENT # P03000013629

1. Entity Name

THE SANCTUARY DAY SPA, INC.

Principal Place of Business	Mailing Address
4137 NW 135TH ST OPALOCKA FL 33054	4137 NW 135TH ST OPALOCKA FL 33054

2. Principal Place of Business	3. Mailing Address
1520 WESTON RD.	1520 WESTON RD.
Suite, Apt. #, etc.	Suite, Apt #, etc.
City & State: WESTON, FL.	City & State: WESTON, FL.
Zip: 33326 Country: U.S.A.	Zip: 33326 Country: U.S.A.

4. FEI Number: 14 1870865 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RAFFA, NANCY
4137 NW 135TH ST
OPALOCKA FL 33054

7. Name and Address of New Registered Agent

Name: NANCY RAFFA
Street Address (P.O. Box Number is Not Acceptable): 1520 WESTON, RD.
City: WESTON FL Zip Code: 33326

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: RAFFAELE A. RAFFA VP/S 3/25/04
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

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 NAME STREET ADDRESS CITY-ST-ZIP	DP RAFFA, NANCY 4137 NW 135TH ST OPALOCKA FL 33054	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RAFFA, NANCY 1520 WESTON RD WESTON, FL. 33326. ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS RAFFA, RAFFAELLE A 4137 NW 135TH ST OPALOCKA FL 33054	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS RAFFA, RAFFAELE A. 1520 WESTON RD WESTON, FL. 33326. ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5/14 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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: RAFFAELE A. RAFFA. 3/25/04, 954 385-6772
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #