

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 08, 2004 8:00 am**  
**Secretary of State**

09-08-2004 90116 035 \*\*\*558.75

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|--|---|--|--|---|--|
| <b>DOCUMENT # P03000016000</b>   |   |  |  |   |  |
| <b>1. Entity Name</b><br>GLOW SALON & DAY SPA INC.   |   |  |  |   |  |
| <b>Principal Place of Business</b><br>9941 SW 108TH ST.<br>MIAMI, FL 33176   |   |  | <b>Mailing Address</b><br>9941 SW 108TH ST.<br>MIAMI, FL 33176   |   |  |
| <b>2. Principal Place of Business</b><br>12390 SW 127 Ave<br>Suite, Apt. #, etc.   |   |  | <b>3. Mailing Address</b><br>12390 SW 127 Ave<br>Suite, Apt. #, etc.   |   |  |
| <b>City &amp; State</b><br>MIAMI FL  |   |  | <b>City &amp; State</b><br>MIAMI FL  |   |  |
| <b>Zip</b><br>33186  |   |  | <b>Country</b><br>U.S.A.   |   |  |
| <b>4. FEI Number</b><br>562324423  |   |  | <b>Applied For</b><br><input checked="" type="checkbox"/> Not Applicable   |   |  |
| <b>5. Certificate of Status Desired</b><br><input checked="" type="checkbox"/> \$8.75 Additional Fee Required  |   |  | <b>6. Name and Address of Current Registered Agent</b><br>KNIGHT, SUZETTE<br>9941 SW 108TH ST.<br>MIAMI, FL 33176  |   |  |
| <b>7. Name and Address of New Registered Agent</b><br>Name: SUZETTE KNIGHT<br>Street Address (P.O. Box Number is Not Acceptable): 12390 SW 127 Ave<br>City: MIAMI FL Zip Code: 33186   |   |  | <b>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.</b> |   |  |
| <b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) _____ <b>DATE</b> _____  |   |  |  |   |  |
| <b>FILE NOW!!! FEE IS \$550.00</b><br><b>Due by September 8, 2004</b>  |   | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees |  |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>   |   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>   | <b>P</b><br>KNIGHT, SUZETTE<br>9941 SW 108TH ST.<br>MIAMI, FL 33176 |  | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>   | <b>VPD</b><br>BANKS, URVIN<br>13735 SW 100 TERR.<br>MIAMI, FL 33186 |  | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>   | <input type="checkbox"/> Delete                                     |  | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
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| <b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.</b> |   |  |  |   |  |
| <b>SIGNATURE:</b> <u>Suzette Knight</u> <b>SUZETTE KNIGHT</b>  |   |  | <b>8/30/04</b> <b>786 256 3617</b>   |   |  |