2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000016000

1. Entity Name
GLOW SALON & DAY SPA INC.

Principal Place of Business	Mailing Address
12390 SW 127 AVE MIAMI, FL 33186	12390 SW 127 AVE. MIAMI, FL 33186

DO NOT WRITE IN THIS SPACE

04212006 No Chg-P CR2E034 (11/05)

4. FEI Number
66-2324423
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KNIGHT, SUZETTE
9941 SW 108TH ST.
MIAMI, FL 33176

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required where applicable.

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KNIGHT, SUZETTE
STREET ADDRESS	9941 SW 108TH ST.
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	VPD
NAME	BANKS, URVIN
STREET ADDRESS	13735 SW 100 TERR
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/04/06-80027-008 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ (Owner)
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Title Daytime Phone #