

# 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P03000031383

1. Entity Name  
PIAZZA NOVI DAY SPA CORPORATION



FILED  
CLERK OF STATE  
DIVISION OF CORPORATION  
04 MAY 13 AM 9:21

Principal Place of Business  
10626 DEMICO PL  
204  
ORLANDO, FL 32836

Mailing Address  
10626 DEMICO PL  
204  
ORLANDO, FL 32836

2. Principal Place of Business  
6809 S. KIRKMAN RD

3. Mailing Address  
PO BOX 692723

Suite, Apt. #, etc.  
ORLANDO, FL

Suite, Apt. #, etc.

City & State

City & State  
ORLANDO, FL



04302004 Chg-P CR2E034 (10/03)

4. FEI Number  
57.1169:862

Applied For  
Not Applicable

Country  
USA

Zip  
32869

Country  
USA

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ACCOUNT BOOKKEEPING  
1516 E. COLONIAL DR  
107  
ORLANDO, FL 32803

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
HURTADO, JAIME  
10626 DEMICO PL, 204  
ORLANDO, FL 32836 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VICE PRESIDENT  
PATRICIA ANNINO  
2782 MONTICELLO PLACE #302  
ORLANDO, FL 32835 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DIRECTOR  
ROBIN GRABOSKI  
14203 NOTTINGHAM WAY CR.  
ORLANDO FL 32828 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
700037557003  
06/04/04--01040--011 \*\*70.00 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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:

PATRICIA ANNINO 4-15-04 #407-491-2464

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #