

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000033236

Entity Name: JAZU DAY SPA & SALON, INC.

FILED  
Apr 17, 2009  
Secretary of State

## Current Principal Place of Business:

3315 BRIDLE PATH LANE  
WESTON, FL 33331 US

## New Principal Place of Business:

## Current Mailing Address:

3315 BRIDLE PATH LANE  
WESTON, FL 33331 US

## New Mailing Address:

FEI Number: 81-0610408

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GUERRIER, TAMARRA  
3315 BRIDLE PATH LANE  
WESTON, FL 33331 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: GUERRIER, TAMARRA  
Address: 3315 BRIDLE PATH LANE  
City-St-Zip: WESTON, FL 33331 US

Title: VP ( ) Delete  
Name: GUERRIER, FLEURETTE  
Address: 3315 BRIDLE PATH LANE  
City-St-Zip: WESTON, FL 33331 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TAMARRA GUERRIER

P

04/17/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date