

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000046806

**FILED**  
**Feb 23, 2011**  
**Secretary of State**

**Entity Name:** SHARMAINE'S SALON & DAY SPA, INC.

**Current Principal Place of Business:**

483 MANDALAY AVENUE  
CLEARWATER, FL 33767

**New Principal Place of Business:**

**Current Mailing Address:**

483 MANDALAY AVENUE  
CLEARWATER, FL 33767

**New Mailing Address:**

483 MANDALAY AVENUE  
206  
CLEARWATER, FL 33767

**FEI Number:** 57-1182593

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FUDENS, LORI  
483 MANDALAY AVE #206  
CLEARWATER, FL 33767 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

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** GIORGIO, SHARMAINE  
**Address:** 1906 DUNLOE CIRCLE  
**City-St-Zip:** DUNEDIN, FL 34698

**Title:** D  
**Name:** FUDENS, LORI  
**Address:** 755 SNUG ISLAND  
**City-St-Zip:** CLEARWATER, FL 33767

I hereby 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 all other like empowered.

**SIGNATURE:** SHARMAINE GIORGIO

PRES

02/23/2011

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

\_\_\_\_\_  
Date