2004 FOR PROFIT CORPORATION

ANNUAL REPORT



FILED Apr 21, 2004 8:00 am Secretary of State

DOCUMENT # P03000077645 1. Entity Name SPA-LON BY BINA, INC							04-21-2004 90033 026 ***150.00					
Principal Place	e of Busines	s	Mailing Address	Mailing Address								
3191-B HARI Port Charl		3952		3191-B HARBOR BLVD Port Charlotte, FL 33952								
2. Principal Place of Business			3. Mailing Address	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc	Suite, Apt. #, etc.			01062004	Chg-P	CR2E	034 (10/03)		
City & State			City & State	City & State			4. FEI Numb	Ž 102	637		oplied For ot Applicable	
Zip	Country		Zip	Zip Coun		5. Certificate of Status Desired			ired 🗌	\$8.75 Additional Fee Required		
	6. Name	and Address of Curre	ent Registered Agent		Name		7. Name and	Address of N	iew Registered	l Agent	-	
DUNN, CA 3191-B HA PORT CHA	RBOR BI			Street Address (P.O. Box Number is Not Acceptate				ptable)				
					City				F	Zip Code	e	
		ty submits this statement tered agent.	t for the purpose of chang	ging its register	red office or	register	ed agent, or bo	th, in the State	of Florida. I an	n familiar with,	and accept	
SIGNATURE_	_											
	Signature, typed	d or printed name of registered ag	gent and title if applicable.	(NOTE: Registere	ed Agent signatur	e required	when reinstating)		DATE			
		FEE IS \$150.00 4 Fee will be \$55		Campaign Fina d Contribution.			.00 May Be led to Fees					
10.	· · · · · · · · · · · · · · · · · · ·	OFFICERS A	ND DIRECTORS	11.		~ ~	ADDITIONS	CHANGES TO	OFFICERS AN			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delet	NAA STR	AE EET ADDRESS	174	1,015,10 01 3.0 179 014 Charlo	for war 13/	⊤. _ 33ๆ५४	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delet	NAA Str	.E					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delet	NAM Str		-				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delet	NAM Str						☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delet	NAA Str	1	_				☐ Change	☐ Addition	
TITLE NAME STREET ADORESS CITY-ST-ZIP		·	□ Delet	NAM STR						☐ Change	☐ Addition	
12. I hereby of indicated of the cor	l on this repo rporation or t	ort or supplemental repo the receiver or trustee e	with this filling does not quart is true and accurate an impowered to execute this ss, with all other like empo	alify for the exe d that my signa report as requ	emotion state	ed in Se ave the s pter 607	ection 119.07(3 same legal effe 7, Florida Statut	(i), Florida Sta ct as if made u es; and that m	tutes. I further cander oath; that y name appears	ertify that the in I am an officer in Block 10 o	nformation or director r Block 11 if	

SIGNATURE: CAME LU SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING DEFICER OR DIRECTOR

Daytime Phone #