

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000092750

**FILED**  
**Apr 22, 2012**  
**Secretary of State**

**Entity Name:** RENAISSANCE WELLNESS DAY SPA, INC.

**Current Principal Place of Business:**

4690 NORTH STATE ROAD 7  
108  
COCONUT CREEK, FL 33073

**New Principal Place of Business:**

**Current Mailing Address:**

5071 PERIGNON WAY  
CORAL SPRINGS, FL 33067

**New Mailing Address:**

4690 NORTH STATE ROAD 7  
108  
COCONUT CREEK, FL 33073

**FEI Number:** 20-0182504

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SUBU, MARIOARA M  
5071 PERIGNON WAY  
CORAL SPRINGS, FL 33067 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:** P  
**Name:** SUBU, MARIOARA M  
**Address:** 5071 PERIGNON WAY  
**City-St-Zip:** CORAL SPRINGS, FL 33367 US

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:** MARIOARA SUBU

PRES

04/22/2012

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

\_\_\_\_\_  
Date