

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 02, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90210 042 \*\*\*150.00

<b>DOCUMENT # P04000023389</b> 1. Entity Name <b>VICTORIA'S SPA INC.</b>					
Principal Place of Business <b>2500 E HALLANDALE BCH BLVD STE 402 HALLANDALE, FL 33009</b>			Mailing Address <b>2500 E HALLANDALE BCH BLVD STE 402 HALLANDALE, FL 33009</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>20-0690174</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>REDHEAD, LUCIA 2500 E HALLANDALE BCH BLVD STE 402 HALLANDALE, FL 33009</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>		
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D REDHEAD, LUCIA 2500 E HALLANDALE BCH BLVD STE 402 HALLANDALE, FL 33009</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u><i>Lucia Redhead</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>05-25-05</u> <small>Date Daytime Phone #</small>		

**66020508**



01052005 Chg-P CR2E034 (10/03)

4. FEI Number **20-0690174** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**REDHEAD, LUCIA  
2500 E HALLANDALE BCH BLVD STE 402  
HALLANDALE, FL 33009**

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.

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**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

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CITY-ST-ZIP  
**D  
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2500 E HALLANDALE BCH BLVD STE 402  
HALLANDALE, FL 33009**

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SIGNATURE: *Lucia Redhead*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-25-05  
Date Daytime Phone #