

JUL-12-2005 16:26

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 31, 2005 8:00 am
Secretary of State

08-31-2005 90013 034 ***150.00

DOCUMENT # P04000125660			
1. Entity Name SHAKHAR SPA & SANCTUARY, INCORPORATED			
Principal Place of Business 2161 PALM BEACH LAKES BLVD. SUITE 2206 WEST PALM BEACH, FL 33409		Mailing Address 2161 PALM BEACH LAKES BLVD. SUITE 2206 WEST PALM BEACH, FL 33409	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. Suite 206		Suite, Apt. #, etc. Suite 206	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent STROLLA, CORY C ESQ 319 CLEMATIS ST. SUITE 702 WPB, FL 33401		7. Name and Address of New Registered Agent 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.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and this if applicable. DATE			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
In accordance with s. 607.103(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST STROLLA, DAWN L 3339 BLUE FIN DR WPB, FL 33411 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		8.1.05 561.686.1334	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

ATTACHMENT
50064217

OPTION 3 - *Receive a form by mail* - Allow up to 28 days total processing time.

- Detach this postcard.
- Enter address to mail report to, if different from preprinted address.
- Affix postage on reverse side and mail.

Document #

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SHAKHAR SPA & SANCTUARY, INCORPORATED
2161 PALM BEACH LAKES BLVD.
SUITE 2206
WEST PALM BEACH FL 33409-6607

Suite 206



CR2E095-2nd 03/05