

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000139465

Entity Name: SKINSPA OF NAPLES, INC.

**FILED**  
**Feb 01, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

501 GOODLETTE RD N  
D-302  
NAPLES, FL 34102

**New Principal Place of Business:**

**Current Mailing Address:**

501 GOODLETTE RD N  
D-302  
NAPLES, FL 34102

**New Mailing Address:**

FEI Number: 37-1497745

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

RIBES, JACQUELINE K  
218 WOODSHIRE LANE  
NAPLES, FL 34105 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: PVST  
Name: RIBES, JACQUELINE K  
Address: 218 WOODSHIRE LANE  
City-St-Zip: NAPLES, FL 34105

Title: D  
Name: RIBES, JACQUELINE K  
Address: 218 WOODSHIRE LANE  
City-St-Zip: NAPLES, FL 34105

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: JACQUELINE K. RIBES

PRES

02/01/2011

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

\_\_\_\_\_  
Date