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FILED
May 01, 2006 8:00 am
Secretary of State

03-17-2006 90127 047 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000033470

1. Entity Name
PERSONALITY DAY SPA, INC.

Principal Place of Business	Mailing Address
8608 NW 44TH STREET SUNRISE, FL 33351 US	8608 NW 44TH STREET SUNRISE, FL 33351 US

66013606

02162006 Chg-P CR2E034 (11/05)

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 20-2442582 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ISRAEL, VARDA
8608 NW 44TH STREET
SUNRISE, FL 33351

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 ______ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ISRAEL, VARDA 8608 NW 44TH STREET SUNRISE, FL 33351	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Varda Israel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

APR-25-06 TUE 12:42 PM Personality Day Spa 19547487056 P.02

Registered

ATTACHMENT
66013202

APRIL 26, 2006

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATION
PO BOX 1500
TALLAHASSEE, FLORIDA 32302-1500

ATTENTION: ANNUAL REPORTS SECTION

RE: PERSONALITY DAY SPA, INC
REFERENCE P05000033470

ATTACHED IS A COPY OF YOUR LETTER DATED MARCH 21, 2006 IN WHICH YOU REQUESTED BLOCK 4 TO BE COMPLETED. I HAVE ATTACHEDYOUR COPY OF THE FORM WITH THAT BOX COMPLETED.....THAT NUMBER IS 20-2442582.

I TRIED COMMUNICATING THIS TO YOU BY PHONE, BUT AFTER HOLDING ON THE LINE FOR 2 HOURS, I GAVE UP.

FROM YOUR LETTER I UNDERSTAND THAT YOU STILL HAVE THE CHECK FOR $150 OR HAVE ALREADY PROCESSED IT AND THEREFORE THIS SHOULD COMPLETE OUR 2006 FILING.

SHOULD YOU REQUIRE ANYTHING FURTHER, PLEASE CALL FRED AT 954 323 6300

Fred