


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2008 8:00 am
Secretary of State

02-06-2008 90034 028 ***150.00

DOCUMENT # P05000101180 1. Entity Name SPA MIO, INC.	
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Principal Place of Business 949 NE 19TH AVE FORT LAUDERDALE, FL 33304	Mailing Address 949 NE 19TH AVE FORT LAUDERDALE, FL 33304
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DO NOT WRITE IN THIS SPACE



01172008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-3171612	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROYALE MANAGEMENT SERVICES, INC.
2319 N ANDREWS AVENUE
FORT LAUDERDALE, FL 33311

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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) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SHARP, THOMAS 2624 NW 9TH LANE WILTON MANORS, FL 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SHARP, ROSA 2624 NW 9TH LANE WILTON MANORS, FL 33311
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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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____