

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000101180

Entity Name: SPA MIO, INC.

**FILED**  
**Mar 14, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

949 NE 19TH AVE  
FORT LAUDERDALE, FL 33304

**New Principal Place of Business:**

**Current Mailing Address:**

949 NE 19TH AVE  
FORT LAUDERDALE, FL 33304

**New Mailing Address:**

FEI Number: 20-3171612

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: SHARP, THOMAS  
Address: 2624 NW 9TH LANE  
City-St-Zip: WILTON MANORS, FL 33311

Title: DS  
Name: SHARP, ROSA  
Address: 2624 NW 9TH LANE  
City-St-Zip: WILTON MANORS, FL 33311

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: THOMAS SHARP

P

03/14/2010

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

\_\_\_\_\_  
Date