


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90016 007 ***150.00

DOCUMENT # P05000103022 1. Entity Name WHITESPA GROUP INC.																													
Principal Place of Business 121 ORQUIDEA AVENUE CORAL GABLES, FL 33143			Mailing Address 121 ORQUIDEA AVENUE CORAL GABLES, FL 33143																										
2. Principal Place of Business		3. Mailing Address																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State		City & State		4. FEI Number 54-2194223																									
Zip		Country		5. Certificate of Status Desired ~ <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent A1A REGISTERED AGENT INC. 92 SADBERRY ROAD QUINCY, FL 32351				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																									
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 _____																													
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03052006 Chg-P CR2E034 (11/05)

4. FEI Number **54-2194223** Applied For ☐ Not Applicable ☐

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

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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: Maria Blanco 3/10/06 305.6134372
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #