

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000072298

FILED  
Jan 14, 2010  
Secretary of State

Entity Name: NEW LIFE MEDICAL SPA, CORP.

**Current Principal Place of Business:**

2629 SW 147 AVE  
MIAMI, FL 33185

**New Principal Place of Business:**

**Current Mailing Address:**

2629 SW 147 AVE  
MIAMI, FL 33185

**New Mailing Address:**

FEI Number: 20-5011761

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

BADIA, GLADIS M  
2629 SW 147 AVE  
MIAMI, FL 33185 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: P  
Name: SAAVEDRA, KSENIA  
Address: 2629 S W 147 AVE  
City-St-Zip: MIAMI, FL 33185

Title: VP  
Name: BADIA, GLADIS M  
Address: 2629 S W 147 AVE  
City-St-Zip: MIAMI, FL 33185

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: GLADIS BADIA

VP

01/14/2010

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

\_\_\_\_\_ Date