

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000088666

FILED  
Mar 24, 2009  
Secretary of State

Entity Name: UTOPIA MEDI SPA, INCORPORATED

## Current Principal Place of Business:

2454 MCMULLEN BOOTH RD., BLDG. B, STE. 404  
CLEARWATER, FL 33759

## Current Mailing Address:

2454 MCMULLEN BOOTH RD., BLDG. B, STE. 404  
CLEARWATER, FL 33759

## New Principal Place of Business:

2454 MCMULLEN BOOTH RD., BLDG. B, STE. 404  
BUILDING B- SUITE 404  
CLEARWATER, FL 33759

## New Mailing Address:

2454 MCMULLEN BOOTH RD., BLDG. B, STE. 404  
BUILDING B- SUITE 404  
CLEARWATER, FL 33759

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GARCIA, TRACY ANN  
2454 MCMULLEN BOOTH RD., BLDG. B, STE. 404  
CLEARWATER, FL 33759 US

## Name and Address of New Registered Agent:

GARCIA, TRACY A  
2454 MCMULLEN BOOTH RD., BLDG. B, STE. 404  
BUILDING B- SUITE 404  
CLEARWATER, FL 33759 US

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: TRACY GARCIA

03/24/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: GARCIA, CARLOS M.  
Address: 2454 MCMULLEN BOOTH RD., BLDG. B, STE. 404  
City-St-Zip: CLEARWATER, FL 33759

Title: D ( ) Delete  
Name: GARCIA, TRACY ANN  
Address: 2454 MCMULLEN BOOTH RD., BLDG. B, STE. 404  
City-St-Zip: CLEARWATER, FL 33759

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: GARCIA, CARLOS M. M  
Address: 2454 MCMULLEN BOOTH RD., BLDG. B, STE. 404  
City-St-Zip: CLEARWATER, FL 33759

Title: D (X) Change ( ) Addition  
Name: GARCIA, TRACY A PRES  
Address: 2454 MCMULLEN BOOTH RD., BLDG. B, STE. 404  
City-St-Zip: CLEARWATER, FL 33759

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: TRACY A. GARCIA

P

03/24/2009

Electronic Signature of Signing Officer or Director

Date