

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000094055

FILED
Apr 26, 2007
Secretary of State

Entity Name: DOUBLE IMAGE DAY SPA, INC

Current Principal Place of Business:

283 SOUTH BRIDGE STREET
LABELLE, FL 33935

New Principal Place of Business:

Current Mailing Address:

283 SOUTH BRIDGE STREET
LABELLE, FL 33935

New Mailing Address:

FEI Number: 20-5076679

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CASTRO, ADRIANA
131 SOUTH ELM STREET
LABELLE, FL 33935 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 () Delete
Name: CASTRO, ADRIANA
Address: 131 SOUTH ELM ST.
City-St-Zip: LABELLE, FL 33935

Title: VP () Delete
Name: CASTRO, GABRIELA
Address: 131 SOUTH ELM ST.
City-St-Zip: LABELLE, FL 33935

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ADRIANA CASTRO

P

04/26/2007

Electronic Signature of Signing Officer or Director

Date