

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000101441

FILED
Jan 25, 2009
Secretary of State

Entity Name: LUXURY BATH AMENITIES CORP.

Current Principal Place of Business:

12870 NW 45 AVE
OPA LOCKA, FL 33054

New Principal Place of Business:

Current Mailing Address:

12870 NW 45 AVE
OPA LOCKA, FL 33054

New Mailing Address:

FEI Number: 20-5253611

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBBOY, M.J.
12870 NW 45 AVE
OPA LOCKA, FL 33054 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: PD () Delete
Name: ROBBOY, M.J.
Address: 12870 NW 45 AVE
City-St-Zip: OPA LOCKA, FL 33054

Title: S () Delete
Name: ROBBOY, JEHREY D
Address: 12870 NW 45 AVE
City-St-Zip: OPA LOCKA, FL 33054

Title: D (X) Delete
Name: ROBBOY, STANLEY G
Address: 5 HAMPSHIRE CT
City-St-Zip: NEW PORT BCH, CA 92660

Title: D (X) Delete
Name: REIN, WILLIAM F
Address: 7800 BAYBERRY RD
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SD (X) Change () Addition
Name: ROBBOY, JEFFREY D
Address: 12870 NW 45 AVE
City-St-Zip: OPA LOCKA, FL 33054

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 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: M. J. ROBBOY

PD

01/25/2009

Electronic Signature of Signing Officer or Director

Date