


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 17, 2007 8:00 am**  
**Secretary of State**

05-17-2007 90036 007 \*\*\*150.00

**DOCUMENT # P07000000155**

1. Entity Name  
**FACE & BODY SPA U.S.A., INC.**



Principal Place of Business  
**6423 STIRLING ROAD  
 DAVIE, FL 33314**


Mailing Address  
**6423 STIRLING ROAD  
 DAVIE, FL 33314**

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country

**40115544**



04052007 Chg-P CR2E034 (12/06)

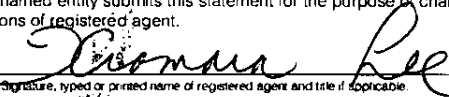
4. FEI Number **20-8217859** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent  
**FILINGS, INC.  
 3732 N.W. 16TH STREET  
 FT. LAUDERDALE, FL 33311-4132**

7. Name and Address of New Registered Agent  
 Name **Xiomara Lee, P.A.**  
 Street Address (P.O. Box Number is Not Acceptable) **2380 S.W. 80 CT**  
 City **Miami** FL Zip Code **33155**

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  DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

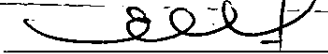
10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	TABORDA, VICTOR	16634 REDWOOD WAY	WESTON, FL 33326	<input type="checkbox"/>
D	TABORDA, ERLY	16634 REDWOOD WAY	WESTON, FL 33326	<input type="checkbox"/>
D	MILANO, LERICIA	2430 NORTH 61ST AVE	HOLLYWOOD, FL 33024	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D	MILAZZO, LETICIA	2430 NORTH 61ST AVE	HOLLYWOOD, FL 33024	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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:  **954-217-8970**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #