

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000007001

Entity Name: AVENUES MEDI SPA, INC.

FILED
Jan 19, 2011
Secretary of State

Current Principal Place of Business:

10175 FORTUNE PARKWAY, STE 801
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

10175 FORTUNE PARKWAY, STE 801
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 20-8441146

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OTEYZA, CARLOS A
6144 GAZEBO PARK PLACE SOUTH
SUITE 101
JACKSONVILLE, FL 32257 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

OFFICERS AND DIRECTORS:

Title: PD
Name: OTEYZA, ARIS S
Address: 10175 FORTUNE PARKWAY, STE 801
City-St-Zip: JACKSONVILLE, FL 32256

Title: VPD
Name: OTEYZA, STEVE A
Address: 10175 FORTUNE PARKWAY, STE 801
City-St-Zip: JACKSONVILLE, FL 32256

Title: TD
Name: OTEYZA, CARLOS
Address: 10175 FORTUNE PARKWAY, STE 801
City-St-Zip: JACKSONVILLE, FL 32256

Title: SD
Name: OTEYZA, STEPHANIE M
Address: 10175 FORTUNE PARKWAY, STE 801
City-St-Zip: JACKSONVILLE, FL 32256

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: ARIS OTEZYA

PD

01/19/2011

Electronic Signature of Signing Officer or Director

Date