

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000082481

**FILED**  
**Jan 09, 2012**  
**Secretary of State**

**Entity Name:** SOUTH OF 5TH SPA CLINICAL SKINCARE AND MASSAGE INC.

**Current Principal Place of Business:**

110 WASHINGTON AVE UNIT CU7  
MIAMI BEACH, FL 33139

**New Principal Place of Business:**

**Current Mailing Address:**

110 WASHINGTON AVE UNIT CU7  
MIAMI BEACH, FL 33139

**New Mailing Address:**

**FEI Number:** 22-3966753

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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:** PSD  
**Name:** VILA, ERNESTO A  
**Address:** 110 WASHINGTON AVE UNIT CU7  
**City-St-Zip:** MIAMI BEACH, FL 33139

**Title:** VTD  
**Name:** AYUB, EDUARDO J  
**Address:** 110 WASHINGTON AVE UNIT CU7  
**City-St-Zip:** MIAMI BEACH, FL 33139

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: ERNESTO VILA

PSD

01/09/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date