## 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# P07000085978

Entity Name: SPA VENICE, INC.

FILED Oct 11, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
225 W MIAMI AVE	225 MIAMI AVENILIE WEST

225 W. MIAMI AVE 225 MIAMI AVENUE WEST VENICE, FL 34285 US VENICE, FL 34285 US

Current Mailing Address: New Mailing Address:

PO BOX 1700 VENICE, FL 34284

FEI Number: 33-1176471 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

JURACSIK, CHARLES M
225 W. MIAMI AVE.

VENICE, FL 34285 US

JURACSIK, CHARLES M
225 MIAMI AVENUE WEST
VENICE, FL 34285 US

VENICE, FL 34285 US

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: 10/11/2008

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

 Name:
 BUITRON, DOROTHY I
 Name:
 MICHAELS, ANNETTE

 Address:
 PO BOX 1700
 Address:
 PO BOX 1700

 City-St-Zip:
 VENICE, FL 34284 US
 City-St-Zip:
 VENICE, FL 34284 US

Title: T ( ) Delete Title: VP (X) Change ( ) Addition

 Name:
 MICHAELS, ANNETTE
 Name:
 MICHAELS, MARC

 Address:
 PO BOX 1700
 Address:
 PO BOX 1700

 City-St-Zip:
 VENICE, FL 34284
 City-St-Zip:
 VENICE, FL 34284

 Name:
 MICHAELS, ANNETTE
 Name:
 MICHAELS, ANNETTE

 Address:
 PO BOX 1700
 Address:
 PO BOX 1700

 City-St-Zip:
 VENICE, FL 34284
 City-St-Zip:
 VENICE, FL 34284

Title: ( ) Delete Title: S ( ) Change (X) Addition

 Name:
 Name:
 MICHAELS, MARC

 Address:
 Address:
 PO BOX 1700

 City-St-Zip:
 City-St-Zip:
 VENICE, FL 34284

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: ANNETTE MICHAELS P 10/11/2008