


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 28, 2008 8:00 am**  
**Secretary of State**

02-28-2008 90004 037 \*\*\*158.75

**DOCUMENT # P07000088484**

1. Entity Name  
**SKIN DEEP SALON & SPA, INC.**



Principal Place of Business      Mailing Address  
**2530 PARSONS POND CIRCLE**      **2530 PARSONS POND CIRCLE**  
**KISSIMMEE FL 34743**      **KISSIMMEE FL 34743**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
**10743 Narcoossee**      **2530 Parsons Pond Circle**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**#K-9**

City & State      City & State  
**Orlando FL**      **Kissimmee, FL**  
 Zip      Country      Zip      Country  
**32832**      **orange**      **34743**      **Oseola**

4. FEI Number      Applied For  
**26-0655660**      Not Applicable

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

1st MOORE      CR2E034 (10/07)

6. Name and Address of Current Registered Agent  
**APONTE, MARGIE**  
**2530 PARSONS POND CIRCLE**  
**KISSIMMEE FL 34743**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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 *Margie Aponte*      DATE **2-20-08**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE	<b>P, D</b> <input type="checkbox"/> Delete
NAME	<b>APONTE, MARGIE</b>
STREET ADDRESS	<b>2530 PARSONS POND CIRCLE</b>
CITY-ST-ZIP	<b>KISSIMMEE FL 34743</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Margie Aponte*      DATE **2-20-08**      DAYTIME PHONE # **407-433-2772**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #