2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2010
Secretary of State

DOCUMENT# P08000043722

Entity Name: COSMOTIQUE DAY SPA & SALON 2, INC.

Current Principal Place of Business:

9040 BONITA BEACH ROAD
BONITA SPRINGS, FL 34135

New Principal Place of Business:

Current Mailing Address:

9040 BONITA BEACH ROAD
BONITA SPRINGS, FL 34135

New Mailing Address:

FEI Number: 26-2522755 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HERNANDEZ, NANCY
9040 BONITA BEACH ROAD
BONITA SPRINGS, FL 34135 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P
Name: HERNANDEZ, NANCY
Address: 9040 BONITA BEACH ROAD
City-St-Zip: BONITA SPRINGS, FL 34135 US

Title: VP
Name: HERNANDEZ, NANCY
Address: 9040 BONITA BEACH ROAD
City-St-Zip: BONITA SPRINGS, FL 34135 US

Title: D
Name: HERNANDEZ, NANCY
Address: 9040 BONITA BEACH ROAD
City-St-Zip: BONITA SPRINGS, FL 34135 US

Title: T
Name: HERNANDEZ, NANCY
Address: 9040 BONITA BEACH ROAD
City-St-Zip: BONITA SPRINGS, FL 34135 US

Title: S
Name: HERNANDEZ, NANCY
Address: 9040 BONITA BEACH ROAD
City-St-Zip: BONITA SPRINGS, FL 34135 US

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: NANCY HERNANDEZ P 01/20/2010

Electronic Signature of Signing Officer or Director Date