

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000033582

**FILED**  
**Mar 08, 2011**  
**Secretary of State**

**Entity Name:** TOUCH OF LIFE MED SPA INC

**Current Principal Place of Business:**

4258 WEST 12TH AVENUE  
HIALEAH, FL 33012

**New Principal Place of Business:**

4258 WEST 12TH AVENUE  
HIALEAH, FL 33012 UN

**Current Mailing Address:**

4258 WEST 12TH AVENUE  
HIALEAH, FL 33012

**New Mailing Address:**

4258 WEST 12TH AVENUE  
HIALEAH, FL 33012 UN

**FEI Number:** 27-2351630

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CASTRO, INDIRA  
4258 WEST 12TH AVENUE  
HIALEAH, FL 33012 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: P  
Name: CONSUEGRA, MAGALY  
Address: 3148 WEST 79TH PLACE  
City-St-Zip: HIALEAH, FL 33018 UN

Title: MGR  
Name: CASTRO, INDIRA  
Address: 9089 NW 112TH STREET  
City-St-Zip: HIALEAH, FL 33018 UN

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: MAGALY CONSUEGRA

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03/08/2011

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

\_\_\_\_\_  
Date