

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000063055

**FILED**  
**Mar 01, 2011**  
**Secretary of State**

**Entity Name:** LE PETITE SPA ART SHOP CORPORATION

**Current Principal Place of Business:**

3095 NE 163RD STREET  
NORTH MIAMI BEACH, FL 33160 US

**New Principal Place of Business:**

**Current Mailing Address:**

3095 NE 163RD STREET  
NORTH MIAMI BEACH, FL 33160 US

**New Mailing Address:**

**FEI Number:** 27-3189105

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

COHEN, ADRIANA  
3095 NE 163RD STREET  
NORTH MIAMI BEACH, FL 33160 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: PD  
Name: COHEN, ADRIANA  
Address: 900 SURFSIDE BLVD  
City-St-Zip: SURFSIDE, FL 33154

Title: SD  
Name: COHEN, ADRIANA  
Address: 900 SURFSIDE BLVD  
City-St-Zip: SURFSIDE, FL 33154

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:** ADRIANA COHEN

PD

03/01/2011

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

\_\_\_\_\_  
Date