

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90036 003 ***150.00

DOCUMENT # P95000042123

1. Entity Name

TIKI SPA INTERNATIONAL, INC.



Principal Place of Business

591 E SEMORAN
CASSELBERRY FL 32707

Mailing Address

591 E SEMORAN
CASSELBERRY FL 32707

2. Principal Place of Business

591 SR 436

Suite, Apt. #, etc.

3. Mailing Address

591 SR 436

Suite, Apt. #, etc.

City & State

CASSELBERRY

City & State

CASSELBERRY

4. FEI Number

59-3321980

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip
FL 32707

Country
SEMINOLE

Zip
FL 32707

Country
SEMINOLE

6. Name and Address of Current Registered Agent

NORIEGA, MONIK
591 E. SEMORAN BLVD
CASSELBERRY FL 32707-5358

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PT ☐ Delete
NAME NORIEGA, MONIK
STREET ADDRESS 1446 TIERRA CIRCLE
CITY-ST-ZIP WINTER PARK FL 32792

TITLE VPS ☐ Delete
NAME HARRISON, DAVID J
STREET ADDRESS 1446 TIERRA CIRCLE
CITY-ST-ZIP WINTER PARK FL 32792

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MONIK NORIEGA

02.26.04 407.657.7077

Date

Daytime Phone #