


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2007 8:00 am**  
**Secretary of State**

04-13-2007 90178 011 \*\*\*150.00

<b>DOCUMENT # P97000073693</b>		
1. Entity Name FLORIDA BATHS CORPORATION		

Principal Place of Business 5061 S. STATE ROAD #7 UNIT 610 DAVIE, FL 33314 US	Mailing Address 9600 NW 25TH STREET 6-A DORAL, FL 33172-1416 US
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400000



01262007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0778788	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent	
ALVARO POCATERRA 5601 S. STATE RD. #7 UNIT 610 DAVIE, FL 33314	

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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
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P POCATERRA, ALVARO 5601 S. STATE RD. #7 UNIT 610 DAVIE, FL 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ING. NIVARIO RANCEL 5601 S. STATE RD. #7 UNIT 610 DAVIE, FL 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ING. MARIO AYALA 5601 S. STATE RD. #7 UNIT 610 DAVIE, FL 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 line empowered.

SIGNATURE: 	4/10/07	954-3164600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #