

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

04-09-2007 90049 025 ***150.00

DOCUMENT # P98000026567	
1. Entity Name ESSENCE SALON & DAY SPA, INC.	



Principal Place of Business 515 N PARK AVE STE 114 WINTER PARK, FL 32789 US	Mailing Address 515 N PARK AVE STE 114 WINTER PARK, FL 32789 US
--	--

00012020



03222007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3544538	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent TORRES, BLANCH 648 STONEFIELD LOOP LAKE MARY, FL 32746

**DO NOT WRITE
IN THIS SPACE**

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: <i>[Signature]</i> Signature, typed or printed name of registered agent and title if applicable	DATE: 3/30/07 (NOTE: Registered Agent signature required when re-appointing)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P TORRES, BLANCH V 648 STONEFIELD LOOP LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP YEBBA, ANA 2018 MELLONVILLE AVE SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SIRICA, MARIA 906 ELDRIDGE ST ORLANDO, FL 32817
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 like empowered.	
SIGNATURE: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE: 4/23/07 407-6292588 Daytime Phone #