

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000057157

FILED  
Feb 04, 2008  
Secretary of State

**Entity Name:** GIANNA CHRISTINE SALON, DAY SPA AND WELLNESS CENTER, INC.

**Current Principal Place of Business:**

395 N. CONGRESS AVE.  
BOYNTON BEACH, FL 33426

**New Principal Place of Business:**

**Current Mailing Address:**

6533 ROCK CREEK DRIVE  
LAKE WORTH, FL 33467

**New Mailing Address:**

14343 CHINESE ELM DRIVE  
ORLANDO, FL 32828

**FEI Number:** 65-0867490

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FOLK, Nanci  
6533 ROCK CREEK DRIVE  
LAKE WORTH, FL 33467 US

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

FOLK, Nanci  
14343 CHINESE ELM DRIVE  
ORLANDO, FL 32828 US

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:

02/04/2008

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( )**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: FOLK, Nanci  
Address: 6533 ROCK CREEK DR  
City-St-Zip: LAKE WORTH, FL 33467

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: FOLK, Nanci  
Address: 14343 CHINESE ELM DRIVE  
City-St-Zip: ORLANDO, FL 32828

Title: TREA ( ) Change (X) Addition  
Name: HIGGINS, BARON  
Address: 395 N CONGRESS AVE  
City-St-Zip: BOYNTON BEACH, FL 33426

Title: SEC ( ) Change (X) Addition  
Name: HIGGINS, BROOKE  
Address: 395 N CONGRESS AVE  
City-St-Zip: BOYNTON BEACH, FL 33426

Title: VP ( ) Change (X) Addition  
Name: HIGGINS, WILLIAM  
Address: 395 N CONGRESS AVE  
City-St-Zip: BOYNTON BEACH, FL 33426

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: Nanci Folk

PRES

02/04/2008

Electronic Signature of Signing Officer or Director

Date