## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P98000095174

Entity Name: SPA TO GO ESSENTIALS, INC.

FILED May 01, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

256 WORTH AVE GUCCI VIA 7459 RIVERWALK CIRCLE PALM BEACH, FL 33480

324

WEST PALM BEACH, FL 33411

**Current Mailing Address: New Mailing Address:** 

307 CHILIAN AVE 7459 RIVERWALK CIRCLE

324

PALM BEACH, FL 33480 WEST PALM BEACH, FL 33411

FEI Number: 65-0874314 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

LIBERMAN, ERIC LIBERMAN, ERIC

307 CHILIAN AVE 7459 RIVERWALK CIRCLE 324

APT #1

PALM BEACH, FL 33480 US WEST PALM BEACH, FL 33411 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: ERIC LIEBERMAN 05/01/2004

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDS ( ) Delete Title: PDS (X) Change ( ) Addition

LIEBERMAN, ERIC Name: Name: LIEBERMAN, ERIC 256 WORTH AVE- GUCCI VIA 7459 RIVERWALK CIRCLE #324 Address: Address:

City-St-Zip: PALM BCH, FL 33480 City-St-Zip: WEST PALM BCH, FL 33411 DV Title: (X) Change ( ) Addition Title: () Delete

Name: LIEBERMAN, CHRISTINE Name: LIEBERMAN, CHRISTINE 256 WORTH AVE- GUCCI VIA 7459 RIVERWALK CIRCLE #324 Address: Address: PALM BCH, FL 33480 City-St-Zip: City-St-Zip: WEST PALM BCH, FL 33411

( ) Delete Title: (X) Change ( ) Addition Title:

LIEBERMAN, CAROL LIEBERMAN, CAROL Name: Name: 256 WORTH AVE- GUCCI VIA 2826 JAMES RIVER ROAD Address: Address: City-St-Zip: PALM BCH, FL 33480 City-St-Zip: WEST PALM BCH, FL 33411

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ERIC LIEBERMAN PDS 05/01/2004