

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000019304

FILED  
Jan 16, 2004  
Secretary of State

Entity Name: LIVING WATERS DAY SPA, INC.

## Current Principal Place of Business:

301 NW 179TH AVE.  
BLDG M  
PEMBROKE PINES, FL 33029

## New Principal Place of Business:

## Current Mailing Address:

301 NW 179TH AVE.  
BLDG M  
PEMBROKE PINES, FL 33029

## New Mailing Address:

FEI Number: 65-0893818

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BECKLER, GREGORY  
16288 S.W. 8TH STREET  
PEMBROKE PINES, FL 33027

## Name and Address of New Registered Agent:

BECKLER, GREGORY  
301 NW 179 AVE. BLDG. M  
PEMBROKE PINES, FL 33029

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:

01/16/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: BECKLER, BARBARA  
Address: 16288 S.W. 8TH STREET  
City-St-Zip: PEMBROKE PINES, FL 33027

Title: D ( ) Delete  
Name: BECKLER, GREGORY  
Address: 16288 S.W. 8TH STREET  
City-St-Zip: PEMBROKE PINES, FL 33027

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: BECKLER, BARBARA  
Address: 3712 CHURCHILL DOWNS DRIVE  
City-St-Zip: DAVIE, FL 33328

Title: D (X) Change ( ) Addition  
Name: BECKLER, GREGORY  
Address: 3712 CHURCHILL DOWNS DRIVE  
City-St-Zip: DAVIE, FL 33328

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: BARBARA BECKLER, SECRETARY

D

01/16/2004

Electronic Signature of Signing Officer or Director

Date