

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000035239

**FILED**  
**Jul 26, 2011**  
**Secretary of State**

**Entity Name:** MESOGOLD BEAUTY SUPPLY, CORP.

**Current Principal Place of Business:**

3912 S. CONGRESS AVE.  
LAKE WORTH, FL 33461

**New Principal Place of Business:**

4720 NW 114 AVE UNIT202  
DORAL, FL 33178

**Current Mailing Address:**

3912 S. CONGRESS AVE.  
LAKE WORTH, FL 33461

**New Mailing Address:**

4720 NW 114 AVE UNIT202  
DORAL, FL 33178

**FEI Number:** 26-2357289

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CASTILLO, WILLIAM  
3912 S. CONGRESS AVE.  
LAKE WORTH, FL 33461 US

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

NARVAEZ, HAROLD  
4720 NW 114 AVE UNIT 202  
DORAL, FL 33178 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: HAROLD NARVAEZ

07/26/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: NARVAEZ, HAROLD  
Address: 4720 NW 114 AVE UNIT 202  
City-St-Zip: DORAL, FL 33178

Title: VP  
Name: JARA, ALISSON  
Address: 4720 NW 114 AVE UNIT 202  
City-St-Zip: DORAL, FL 33178

I hereby 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 all other like empowered.

SIGNATURE: HAROLD NARVAEZ

PD

07/26/2011

Electronic Signature of Signing Officer or Director

Date