

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000011158

**FILED**  
**Feb 11, 2013**  
**Secretary of State**  
**CC2730193237**

**Entity Name:** AMERICAN AESTHETICS ASSOCIATION, INC.

**Current Principal Place of Business:**

6065 NW 167 ST #B-15  
MIAMI LAKES, FL 33015

**Current Mailing Address:**

6065 NW 167 ST #B-15  
MIAMI LAKES, FL 33015

**FEI Number: 26-1872013**

**Certificate of Status Desired: No**

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

VELANDIA, WILSON  
6065 NW 167 ST #B-15  
MIAMI LAKES, FL 33015 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title P  
Name VELANDIA, WILSON  
Address 6065 NW 167 ST #B-15  
City-State-Zip: MIAMI LAKES FL 33015

Title D  
Name DESME, MARIA  
Address 15894 KILNARNOCK DR  
City-State-Zip: MIAMI LAKES FL 33014

Title S  
Name VELANDIA, MERCY  
Address 6065 NW 167 ST #B15  
City-State-Zip: MIAMI LAKES FL 33326

Title T  
Name LOZANO, ARACELLY J  
Address 8272 NW 195 TERR  
City-State-Zip: MIAMI FL 33015

Title DIRECTOR  
Name RAMIREZ, ISABEL  
Address 7200 FAIRWAY DR # H2  
City-State-Zip: MIAMI LAKES FL 33014

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: WILSON VELANDIA**

**PRESIDENT**

**02/11/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date