

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000104388

**Entity Name:** SANA SKIN CARE, INC.

**Current Principal Place of Business:**

18495 S. DIXIE HIGHWAY, PMB 179  
MIAMI, FL 33157

**Current Mailing Address:**

18495 S. DIXIE HIGHWAY, PMB 179  
MIAMI, FL 33157

**FEI Number:** 65-1149539

**Certificate of Status Desired:** No

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

SHOPSHA, OKSANA  
18495 S. DIXIE HIGHWAY  
PMB 179  
MIAMI, FL 33157 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 PVD  
Name OKSANA, SHOPSHA  
Address 18495 S. DIXIE HWY, PMB 179  
City-State-Zip: MIAMI FL 33157

*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:** OKSANA SHOPSHA

**PRESIDENT**

**04/29/2014**

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

\_\_\_\_\_  
Date