

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000106735

**Entity Name:** FARAHA'S SKIN CARE CLINIC, INC.

**Current Principal Place of Business:**

1137 STONEBROOK LANE  
LAKELAND, FL 33803

**Current Mailing Address:**

1137 STONEBROOK LANE  
LAKELAND, FL 33803

**FEI Number:** 20-0474580

**Certificate of Status Desired:** No

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

RASSA, FARAHAZ  
1137 STONEBROOK LANE  
LAKELAND, FL 33803 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 D  
Name RASSA, FARAHAZ  
Address 1137 STONEBROOK LANE  
City-State-Zip: LAKELAND FL 33803

*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:** FARAHAZ RASSA

**PRESIDENT**

**04/11/2017**

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

\_\_\_\_\_  
Date