# 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.

VP

SIGNATURE: WINSTON WILLIAMS

Electronic Signature of Signing Officer/Director Detail

2023 FLORIDA PROFIT	<b>CORPORATION ANNUAL REPORT</b>

DOCUMENT# P04000079290

Entity Name: ANGEL'S EYES OF BEAUTY INC.

### **Current Principal Place of Business:**

5175 WEST ATLANTIC AVE. SUITE C DELRAY BEACH, FL 33484

## **Current Mailing Address:**

1395 EAST LANCEWOOD PL. DELRAY BEACH, FL 33445

## FEI Number: 30-0253104

### Name and Address of Current Registered Agent:

WILLIAMS, ANGELA C 1395 EAST LANCEWOOD PL. DELRAY BEACH, FL 33445 US Certificate of Status Desired: No

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

#### **Officer/Director Detail :**

Title	PRES	Title	VP
Name	WILLIAMS, ANGELA C	Name	WILLIAMS, WINSTON D
Address	1395 EAST LANCEWOOD PL.	Address	1395 EAST LANCEWOOD PL.
City-State-Zip:	DELRAY BEACH FL 33445	City-State-Zip:	DELRAY BEACH FL 33445

02/14/2023 Date

# FILED Feb 14, 2023 Secretary of State 9952266280CC

Date