|   |                         | Certificate of Status Desired  | : No  |
|---|-------------------------|--|---|
| ERRACE  |                         |  |   |
| entity submits this statement for the purpose of changing its reg | istered office or regis | tered agent, or both, in the State of Florida.   |   |
| :   |                         |  |   |
| Electronic Signature of Registered Agent                          |                         |  | Date  |
| ctor Detail :   |                         |  |   |
|   |                         |  |   |
| PD  | Title                   | V  |   |
| PD<br>ORELLANA, FLORINDA  | Title<br>Name           | RADILLO ORELLANA, ELENA  |   |
|   |                         | RADILLO ORELLANA, ELENA<br>PATRICIA  |   |
| ORELLANA, FLORINDA  | Name                    | RADILLO ORELLANA, ELENA<br>PATRICIA<br>3889 NW 2ND TERRACE   |   |
| ORELLANA, FLORINDA<br>3889 NW 2ND TERRACE                         | Name<br>Address         | RADILLO ORELLANA, ELENA<br>PATRICIA<br>3889 NW 2ND TERRACE   |   |
| ORELLANA, FLORINDA<br>3889 NW 2ND TERRACE<br>MIAMI FL 33126       | Name<br>Address         | RADILLO ORELLANA, ELENA<br>PATRICIA<br>3889 NW 2ND TERRACE   |   |
| ORELLANA, FLORINDA<br>3889 NW 2ND TERRACE<br>MIAMI FL 33126<br>T  | Name<br>Address         | RADILLO ORELLANA, ELENA<br>PATRICIA<br>3889 NW 2ND TERRACE   |   |
|   | ::                      | Address of Current Registered Agent:<br>ORINDA<br>TERRACE<br>26 US<br>d entity submits this statement for the purpose of changing its registered office or regis<br>Electronic Signature of Registered Agent | Address of Current Registered Agent: ORINDA FERRACE 26 US d entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Electronic Signature of Registered Agent |

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.

VICE PRESIDENT

SIGNATURE: ELENA PATRICIA RADILLO ORELLANA

Electronic Signature of Signing Officer/Director Detail

04/13/2018 Date

# FILED Apr 13, 2018 **Secretary of State** CC0789480056

# 2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000151447

Entity Name: GENESIS BEAUTY STORE AND GIFT SHOP CORPORATION

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

1132 W. FLAGLER ST. MIAMI, FL 33130

## **Current Mailing Address:**

1132 W. FLAGLER ST. MIAMI EL 33130