I hereby certify that the information indicated on this report or supplemental report is true and accurate oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute		
above, or on an attachment with all other like empowered.		
SIGNATURE: MENDEZ GOMEZ , ROSA M	PRES	04/14/2016

Electronic Signature of Signing Officer/Director Detail

City-State-Zip: MIAMI FL 33145 City-State-Zip: MIAMI FL 33145

### (

Electronic Signature of Registered Agent			Date	
Officer/Director Detail :				
PVST	Title	D		
MENDEZ GOMEZ, ROSA M	Name	MENDEZ, ROSA M		
1841 SOUTHWEST 29TH AVENUE	Address	1841 SOUTHWEST 29TH AVENUE		
	e <b>tor Detail :</b> PVST MENDEZ GOMEZ, ROSA M	etor Detail : PVST Title MENDEZ GOMEZ, ROSA M Name	etor Detail : PVST Title D MENDEZ GOMEZ, ROSA M Name MENDEZ, ROSA M	

# SIGNATURE:

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.

# MIAMI, FL 33145 US

475 BILTMORE WAY

CORAL GABLES, FL 33134

102

1841 SOUTHWEST 29TH AVENUE MIAMI, FL 33145

**Current Principal Place of Business:** 

## Name and Address of Current Registered Agent:

FEI Number: 22-3918573

DOCUMENT# P05000158181

**Current Mailing Address:** 

VILLAGELIU, NICOLAS 1841 SOUTHWEST 29TH AVENUE

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Entity Name: BEFORE & AFTER IMAGE CONSULTANTS, INC.

## FILED Apr 14, 2016 Secretary of State CC0819644204

Certificate of Status Desired: No

Date