

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000050348

**FILED**  
**Mar 11, 2014**  
**Secretary of State**  
**CC5970239895**

**Entity Name:** BEAUTY & HEALTH CORPORATION

**Current Principal Place of Business:**

10871 SW 188 STREET  
SUITE 28  
MIAMI, FL 33157

**Current Mailing Address:**

10871 SW 188 STREET  
SUITE 28  
MIAMI, FL 33157

**FEI Number:** 01-0910819

**Certificate of Status Desired:** No

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

LEON, JORGE LUIS  
10871 SW 188 STREET  
SUITE 28  
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 P  
Name LEON, DANIEL  
Address 10871 SW 188 STREET  
SUITE 28  
City-State-Zip: MIAMI FL 33157

Title VP  
Name LEON, JORGE L  
Address 10871 SW 188 STREET STE 28  
City-State-Zip: MIAMI FL 33157

Title S  
Name SEIFE, VILMA P  
Address 13369 NW 2ND TERRACE  
City-State-Zip: MIAMI FL 33182

*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:** DANIEL LEON

P

03/11/2014

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

\_\_\_\_\_  
Date