

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000057946

**Entity Name:** AWESOME AURA MASSAGE & SKIN CARE 2, INC

**Current Principal Place of Business:**

213 E SHERIDAN ST  
STE 5  
DANIA BEACH, FL 33004

**FILED**  
**Apr 10, 2013**  
**Secretary of State**  
**CC5788773563**

**Current Mailing Address:**

213 E SHERIDAN ST  
STE 5  
DANIA BEACH, FL 33004

**FEI Number: 27-2712348**

**Certificate of Status Desired: Yes**

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

MARTIN, SCOTT  
2200 TAYLOR ST  
# 103  
HOLLYWOOD, FL 33020 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 MARTIN, SCOTT  
Address 2200 TAYLOR ST - # 103  
City-State-Zip: HOLLYWOOD FL 33020

Title VP  
Name EMILY , LOVELL  
Address 10381 NW 37TH AVE  
City-State-Zip: MIAMI FL 33147

Title T  
Name MACK, NANCY  
Address 2200 TAYLOR ST #103  
City-State-Zip: HOLLYWOOD FL 33020

Title O  
Name REEVES, HOLLY  
Address 3321 FARRAGUT ST # 7D  
City-State-Zip: HOLLYWOOD FL 33020

*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: SCOTT C. MARTIN**

**PRESIDENT**

**04/10/2013**

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

\_\_\_\_\_  
Date