

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000083358

**Entity Name:** ADORE MED SPA, INC.

**Current Principal Place of Business:**

1865 N. CORPORATE LAKES BLVD.,  
UNIT 2B  
WESTON, FL 33326

**Current Mailing Address:**

1865 N. CORPORATE LAKES BLVD.,  
UNIT 2B  
WESTON, FL 33326 US

**FEI Number:** 46-1108077

**Certificate of Status Desired:** No

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

VILLARREAL, IRMA  
1865 N. CORPORATE LAKES BLVD.,  
UNIT 2B  
WESTON, FL 33326 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:** IRMA VILLARREAL

**03/25/2013**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P, D  
Name VILLARREAL, IRMA  
Address 1865 N. CORPORATE LAKES BLVD.,  
NO. 2B  
City-State-Zip: WESTON FL 33326

*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:** IRMA VILLARREAL

**PRESIDENT**

**03/25/2013**

Electronic Signature of Signing Officer/Director Detail

Date