

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P17000059829

**Entity Name:** ESSENTIALS MASSAGE AND FACIAL JACKSONVILLE, INC.

**FILED**  
**Feb 17, 2018**  
**Secretary of State**  
**CC6145048847**

**Current Principal Place of Business:**

14444 BEACH BOULEVARD  
3 & 4  
JACKSONVILLE, FL 32250

**Current Mailing Address:**

293 OLD BLUFF DR.  
PONTE VERDA, FL 32081 US

**FEI Number: 82-2200189**

**Certificate of Status Desired: No**

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

TREJO PACHECO, LUIS E  
293 OLD BLUFF DR.  
PONTE VEDRA BEACH, FL 32081 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	DP	Title	ST
Name	TREJO PACHECO, LUIS E	Name	RIVERA SANCHEZ, AIDE S
Address	293 OLD BLUFF DRIVE	Address	293 OLD BLUFF DRIVE
City-State-Zip:	PONTE VEDRA BEACH FL 32081	City-State-Zip:	PONTE VEDRA BEACH FL 32081

*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: LUIS E TREJO PACHECO**

**DP**

**02/17/2018**

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

\_\_\_\_\_  
Date