

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P18000008204

**Entity Name:** CELEBRATION AESTHETIC CENTER, CORP.

**Current Principal Place of Business:**

1420 CELEBRATION BLVD  
SUITE 313  
CELEBRATION, FL 34747

**Current Mailing Address:**

1420 CELEBRATION BLVD  
SUITE 313  
CELEBRATION, FL 34747 US

**FEI Number:** 82-4193297

**Certificate of Status Desired:** No

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

CASAMALHUAPA, MARIO E  
1420 CELEBRATION BLVD  
SUITE 313  
CELEBRATION, FL 34747 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 CASAMALHUAPA MORALES,  
VANESSA P  
Address 1420 CELEBRATION BLVD  
SUITE 313  
City-State-Zip: CELEBRATION FL 34747

Title VP  
Name CASAMALHUAPA, MARIO R  
Address 1420 CELEBRATION BLVD  
SUITE 313  
City-State-Zip: CELEBRATION FL 34747

*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:** MARIO CASAMALHUAPA

VP

04/26/2019

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

\_\_\_\_\_  
Date