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.

PRESIDENT

SIGNATURE: VALDES GUILARTE, LIUDMILA

Electronic Signature of Signing Officer/Director Detail

4753 NW 6 ST

FEI Number: 82-4257022

Name and Address of Current Registered Agent:

VALDES GUILARTE, LIUDMILA 4753 NW 6 ST MIAMI, FL 33126 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

Officer/Director Detail :

Title Þ Name VALDES GUILARTE, LIUDMILA Address 4753 NW 6 ST City-State-Zip: MIAMI FL 33126

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P18000011309

Entity Name: ACHE HAIR EXTENSIONS BY LILI VALDES, CORP

Current Principal Place of Business:

3600 WEST 18 AVE 2 HIALEAH, FL 33012

Current Mailing Address:

MIAMI, FL 33126

Apr 30, 2019 Secretary of State 2201262935CC

FILED

Certificate of Status Desired: No

Date

Date

04/30/2019