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: NELSON GARCES

VD

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

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Entity Name: SHARP DESIGNERS HAIR SALON, INC.

Officer/Director Detail :

Title	PD	Title	VD
Name	GARCES, MAGNOLIA A	Name	GARCES, NELSON A
Address	7359 SW 120 CT	Address	7359 SW 120 CT
City-State-Zip:	MIAMI FL 33183	City-State-Zip:	MIAMI FL 33183

CORAL GABLES, FL 33146

Current Mailing Address:

GARCES, MAGNOLIA A 7359 SW 120 CT MIAMI, FL 33183 US

7359 SW 120 CT

MIAMI, FL 33183

FEI Number: 65-0602821

Name and Address of Current Registered Agent:

Current Principal Place of Business:

DOCUMENT# P95000055106

135 SAN LORENZO AVE

120

FILED Jan 10, 2015 Secretary of State CC3444264018

Certificate of Status Desired: No

01/10/2015 Date

Date

Electronic Signature of Signing Officer/Director Detail