# 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.

VP

SIGNATURE: NELSON GARCES

Electronic Signature of Signing Officer/Director Detail

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000055106

Entity Name: SHARP DESIGNERS HAIR SALON, INC.

#### **Current Principal Place of Business:**

135 SAN LORENZO AVE 120 CORAL GABLES, FL 33146

#### **Current Mailing Address:**

7359 SW 120 CT MIAMI, FL 33183

# FEI Number: 65-0602821

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

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

# FILED Jan 24, 2018 Secretary of State CC3946768270

Date

Certificate of Status Desired: No

01/24/2018 Date