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

Electronic Signature of Signing Officer/Director Detail

Current Mailing Address: 7359 SW 120 CT

7359 SW 120 CT MIAMI, FL 33183

135 SAN LORENZO AVE

CORAL GABLES, FL 33146

120

FEI Number: 65-0602821

DOCUMENT# P95000055106

Current Principal Place of Business:

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

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Entity Name: SHARP DESIGNERS HAIR SALON, INC.

FILED Feb 14, 2014 Secretary of State CC6894481032

Date

Certificate of Status Desired: No

02/14/2014 Date