

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000059099

**FILED**  
**Jan 05, 2011**  
**Secretary of State**

**Entity Name:** SOPHIA MEDICAL AND BEAUTY SUPPLY, INC.

**Current Principal Place of Business:**

1715 E HINSON AVE  
HAINES CITY, FL 33844

**New Principal Place of Business:**

**Current Mailing Address:**

1715 E HINSON AVE  
HAINES CITY, FL 33844

**New Mailing Address:**

**FEI Number:** 65-1079014      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

AL-ZAHARNAH, GAMAL Y  
1715 E HINSON AVE  
HAINES CITY, FL 33844    US

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

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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: AL-ZAHARNAH, GAMAL Y  
Address: 1715 E HINSON AVE  
City-St-Zip: HAINES CITY, FL 33844

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: GAMAL Y. AL-ZAHARNAH

MR.

01/05/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date