

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000059099

**FILED**  
**Jan 08, 2012**  
**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:**

472 US HIGHWAY 17-92 NORTH  
HAINES CITY, FL 33844

**Current Mailing Address:**

1715 E HINSON AVE  
HAINES CITY, FL 33844

**New Mailing Address:**

PO.BOX 2544  
HAINESCITY, FL 33845 US

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:**

AL-ZAHARNAH, GAMAL Y  
472 US HIGHWAY 17-92 NORTH  
HAINES CITY, FL 33844 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: GAMAL AL-ZAHARNAH

01/08/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: AL-ZAHARNAH, GAMAL Y  
Address: 472 US HIGHWAY 17-92 NORTH  
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 AL-ZAHARNAH

OWNE

01/08/2012

Electronic Signature of Signing Officer or Director

Date