## 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000136738

Entity Name: CUERPO SALUD Y BELLEZA, CORP

**FILED** Nov 06, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

3850 SW 87 AVE 5240 WEST FLAGLER ST

206 MIAMI, FL 33134 MIAMI, FL 33165

**New Mailing Address: Current Mailing Address:** 

3850 SW 87 AVE 5240 WEST FLAGLER ST

MIAMI, FL 33134 MIAMI, FL 33165

FEI Number: 26-0263239 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

GUISE, GLORIA DUARTE, ZAIRA 3850 SW 87 AVE 13424 SW 90 TERR

206 MIAMI, FL 33186 MIAMI, FL 33165 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: ZAIRA CAROLINA DUARTE 11/06/2007

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change ( ) Addition

GUISE, GLORIA DUARTE, ZAIRA Name: Name: 13424 SW 90 TERR 13424 SW 90 TERR Address: Address: City-St-Zip: MIAMI, FL 33186 City-St-Zip: MIAMI, FL 33186

Title: VΡ Title: VΡ (X) Change ( ) Addition ( ) Delete

Name: DUARTE, ZAIRA Name: GUISE, GLORIA 13424 SW 90 TERR Address: 13424 SW 90 TERR Address: MIAMI, FL 33186 MIAMI, FL 33186 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

Ρ SIGNATURE: ZAIRA CAROLINA DUARTE FANDINO 11/06/2007