

PO8000000008

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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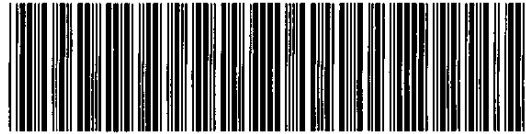
(Business Entity Name)

(Document Number)

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2008 FEB 11 AM 10:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

R.A. Address Change

TB 2-13-08

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Glow Skin Care + Hair Removal Corp.  
(Name of Corporation)

**DOCUMENT NUMBER:** P08000000008

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Vanessa Alvarenga (owner)  
(Name of Contact Person)

-  
(Firm/Company)

13949 SW 8 TERR.  
(Address)

Miami, FL 33184  
(City/State and Zip Code)

For further information concerning this matter, please call:

Vanessa Alvarenga at (786) 351.6142  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

