

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000045749

**FILED**  
**Mar 23, 2012**  
**Secretary of State**

**Entity Name:** METAMORPHOSIS BEAUTY SALON INC

**Current Principal Place of Business:**

13550 SW 120 STREET  
SUITE 506-117  
MIAMI, FL 33186

**New Principal Place of Business:**

**Current Mailing Address:**

6217 SW 147 COURT  
MIAMI, FL 33193

**New Mailing Address:**

**FEI Number:** 27-3531135

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SMITH, MYRIAM  
6217 SW 147 CORT  
MIAMI, FL 33193 US

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

SMITH, MIRIAM  
6217 SW 147 COURT  
MIAMI, FL 33193 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: MIRIAM SMITH

03/23/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SMITH, MIRIAM  
Address: 6217 SW 147 COURT  
City-St-Zip: MIAMI, FL 33193

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: MIRIAM SMITH

P

03/23/2012

Electronic Signature of Signing Officer or Director

Date