

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000014364

FILED  
Apr 28, 2011  
Secretary of State

**Entity Name:** NEW CONCEPT MASSAGE & BEAUTY SCHOOL, INC.

**Current Principal Place of Business:**

2022 S.W. 1 STREET  
MIAMI, FL 33135

**New Principal Place of Business:**

**Current Mailing Address:**

2022 S.W. 1 STREET  
MIAMI, FL 33135

**New Mailing Address:**

FEI Number: 65-0401238

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

VAZQUEZ, MARIA MERCEDES  
2011 SW 16 TERRACE  
MIAMI, FL 33145 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: PD  
Name: VAZQUEZ, MARIA MERCEDES  
Address: 2011 S.W. 16TH TERR.  
City-St-Zip: MIAMI, FL 33145

Title: T  
Name: GARCIA, IGNACIO  
Address: 100 LINCOLN RD. #1203  
City-St-Zip: MIAMI BEACH, FL 33139

Title: VP  
Name: GARCIA, ALEXANDER  
Address: 1201 SW 124TH COURT  
City-St-Zip: MIAMI, FL 33145

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: IGNACIO GARCIA

MR.

04/28/2011

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

\_\_\_\_\_ Date