

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000092536

**FILED**  
**Aug 24, 2011**  
**Secretary of State**

**Entity Name:** MI SUEGRA Y YO BEAUTY SALON, INC.

**Current Principal Place of Business:**

2350 W. 84ST.  
17  
HIALEAH, FL 33016

**New Principal Place of Business:**

8051 W 24TH AVE  
# 2  
HIALEAH, FL 33016

**Current Mailing Address:**

9199 NW 117 TERR  
HIALEAH, FL 33018

**New Mailing Address:**

**FEI Number:** 65-0955603

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DEL PINO, GEORGINA  
9199 NW 117TH TERR  
HIALEAH, FL 33018 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: DPS  
Name: DEL PINO, GEORGINA  
Address: 9199 NW 117TH TERR  
City-St-Zip: HIALEAH, FL 33018

Title: T  
Name: DEL PINO, JULIO  
Address: 9199 NW 117TH TERR  
City-St-Zip: HIALEAH, FL 33018

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: DEL PINO GEORGINA

DPS

08/24/2011

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

\_\_\_\_\_  
Date