

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J89160

**Entity Name:** LIDIA'S EUROPEAN SKIN CARE, INC.

**Current Principal Place of Business:**

40347 US HWY 19 N  
STE 101  
TARPON SPRINGS, FL 34689

**Current Mailing Address:**

9612 NOBLE CT  
NEW PORT RICHEY, FL 34655 US

**FEI Number:** 59-2853454

**Certificate of Status Desired:** No

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

MC'QUADE, LIDIA  
9612 NOBLE CT  
NEW PORT RICHEY, FL 34655 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title PD  
Name MC'QUADE, LIDIA  
Address 9612 NOBLE CT  
City-State-Zip: NEW PORT RICHEY FL 34655

*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:** LIDIA MC'QUADE

**PRESIDENT**

**04/26/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date