

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000059099

**Entity Name:** SOPHIA MEDICAL AND BEAUTY SUPPLY, INC.

**Current Principal Place of Business:**

472 US HIGHWAY 17-92 NORTH  
HAINES CITY, FL 33844

**Current Mailing Address:**

PO.BOX 2544  
HAINESCITY, FL 33845 US

**FEI Number: 65-1079014**

**Certificate of Status Desired: No**

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

AL-ZAHARNAH, GAMAL Y  
472 US HIGHWAY 17-92 NORTH  
HAINES CITY, FL 33844 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            D  
Name            AL-ZAHARNAH, GAMAL Y  
Address        472 US HIGHWAY 17-92 NORTH  
City-State-Zip: HAINES CITY FL 33844

*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: GAMAL Y AL-ZAHARNAH**

**PRESIDENT**

**04/04/2017**

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

\_\_\_\_\_ Date