

2015 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

01/09/2015

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date