### 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: TAMMY FENDER CEO

Electronic Signature of Signing Officer/Director Detail

<u>2015</u>	FLORIDA PROFIT	<b>CORPORATION</b>	ANNUAL REPORT

DOCUMENT# P0900001569

Entity Name: TAMMY FENDER HOLISTIC SKIN CARE, INC.

#### **Current Principal Place of Business:**

711 NORTH FLAGLER DRIVE WEST PALM BEACH. FL 33401

### **Current Mailing Address:**

711 NORTH FLAGLER DRIVE WEST PALM BEACH. FL 33401

## FEI Number: 26-4021150

# Name and Address of Current Registered Agent:

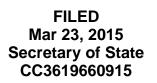
WIDERMAN MALEK PL 1990 WEST NEW HAVEN AVE 201 MELBOURNE, FL 32904 US

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:	MARK MALEK	03/23/2015
	Electronic Signature of Registered Agent	Date
Officer/Direct	or Detail ·	

### Officer/Director Detail :

Title	Ρ
Name	FENDER, TAMMY
Address	711 NORTH FLAGLER DRIVE
City-State-Zip:	WEST PALM BEACH FL 33401



Certificate of Status Desired: No

03/23/2015

Date