

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000099626

**Entity Name:** DIVINE BEAUTY SALON, INC.

**Current Principal Place of Business:**

10071 PINES BLVD  
BUILDING B, SUITE E  
PEMBROKE PINES, FL 33024

**Current Mailing Address:**

10071 PINES BLVD  
BUILDING B, SUITE E  
PEMBROKE PINES, FL 33024

**FEI Number:** 80-0685689

**Certificate of Status Desired:** No

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

MORALES, RHONDA S  
10071 PINES BLVD  
BUILDING B, SUITE E  
PEMBROKE PINES, FL 33024 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 P  
Name MORALES, RHONDA S  
Address 10071 PINES BLVD, BUILDING B  
SUITE E  
City-State-Zip: PEMBROKE PINES FL 33024

Title VP  
Name MORALES, ADOLFO  
Address 10071 PINES BLVD, BUILDING B  
SUITE E  
City-State-Zip: PEMBROKE PINES FL 33024

Title VP  
Name MORALES, SILVIO J  
Address 10071 PINES BLV, BUILDING B SUITE  
E  
City-State-Zip: PEMBROKE PINES FL 33024

*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:** RHONDA S MORALES

P

04/19/2013

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

\_\_\_\_\_  
Date