

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000024793

**Entity Name:** NILDA'S HAIR SALON & SPA CORP

**Current Principal Place of Business:**

3595 W 20TH AVENUE #105  
HIALEAH, FL 33012

**Current Mailing Address:**

3595 W 20TH AVENUE #105  
HIALEAH, FL 33012

**FEI Number:** 45-4786269

**Certificate of Status Desired:** No

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

TRAVIESO, NILDA  
3595 W 20TH AVE #105  
HIALEAH, FL 33012 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	PRES	Title	VP
Name	TRAVIESO, NILDA	Name	RIJO, DAMARIS
Address	3595 W 20TH AVE #105	Address	2255-2 W 69TH STREET
City-State-Zip:	HIALEAH FL 33012	City-State-Zip:	HIALEAH FL 33016

*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:** NILDA TRAVIESO

**PRESIDENT**

**04/29/2014**

Electronic Signature of Signing Officer/Director Detail

Date