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

SIGNATURE: RONALD RUIZ

above, or on an attachment with all other like empowered.

City-State-Zip: KISSIMMEE FL 34744 City-State-Zip: KISSIMMEE FL 34744

SIGNATURE: Electronic Signature of Registered Agent

| Officer/Director Detail : |                     |                 |                     |
|---------------------------|---------------------|-----------------|---------------------|
| Title                     | Р                   | Title           | VP                  |
| Name                      | RUIZ, RONALD        | Name            | CHAMORRO, BEATRIZ   |
| Address                   | 3173 DASHA PALM DR. | Address         | 3173 DASHA PALM DR. |
| Other Other Time          |                     | City State Zin: | KISSIMMEE EL 24744  |

KISSIMMEE, FL 34744 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.

12720 SOUTH ORANGE BLOSSOM TR. SUITE 8

# FEI Number: 45-5576450

RUIZ, RONALD 3173 DASHA PALM DR.

# Name and Address of Current Registered Agent:

**Current Mailing Address:** 

ORLANDO, FL 32837 US

## DOCUMENT# P12000060662

Entity Name: BEATRIZ CHAMORRO SALON & SPA INC.

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

12720 SOUTH ORANGE BLOSSOM TR.

SUITE 8 ORLANDO, FL 32837

### 2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

### FILED Apr 18, 2018 Secretary of State CC5466825146

Date

Certificate of Status Desired: No

PRESIDENT

Electronic Signature of Signing Officer/Director Detail

04/18/2018