

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P17000089890

**Entity Name:** GLO LASERFACIALS, INC.

**Current Principal Place of Business:**

300 SOUTH POINTE DRIVE  
APARTMENT #2306  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

300 SOUTH POINTE DRIVE  
APARTMENT #2306  
MIAMI BEACH, FL 33139

**FEI Number:** 82-3390602

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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            TREASURER, CFO, SECRETARY,  
                     DIRECTOR  
Name            DODD, KIMBERLY A  
Address        2922 WILLOW BAY TERRACE  
City-State-Zip: CASSELBERRY FL 32707

Title            PRESIDENT, DIRECTOR  
Name            DODD, MICHAEL C  
Address        300 SOUTH POINTE DRIVE  
                     APARTMENT #2306  
City-State-Zip: MIAMI BEACH FL 33139

*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:** KIMBERLY A. DODD

**SECRETARY**

**04/16/2019**

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

\_\_\_\_\_  
Date