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.

Electronic Signature of Signing Officer/Director Detail

SIGNATURE: GUILLERMO ALDANA

Ρ Title V ALDANA, GUILLERMO J Name 6412 NW 105 PL 6412 NW 105 PL Address Address

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

PRESIDENTE

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.

### Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

ALDANA, GUILLERMO J 6412 NW 105 PL DORAL, FL 33178 US

SIGNATURE:

Title

Name

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# P17000091320

Entity Name: ALDANA SKIN LIFE CORP

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

10201 NW 58 STREET SUITE 308 DORAL, FL 33178

### **Current Mailing Address:**

10201 NW 58 STREET SUITE 308 DORAL, FL 33178 US

## FEI Number: 82-3390029

**Officer/Director Detail :** RADEMAKER DE ALDANA, ROSE E City-State-Zip: DORAL FL 33178 City-State-Zip: DORAL FL 33178

# FILED Jan 15, 2021 Secretary of State 1080767397CC

Certificate of Status Desired: No

01/15/2021

Date

Date