

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P19000004076

**Entity Name:** BLAVIA SKINCARE CORP

**Current Principal Place of Business:**

4401 NW 87TH AVENUE  
612  
MIAMI, FL 33178

**Current Mailing Address:**

4401 NW 87TH AVENUE  
612  
MIAMI, FL 33178

**FEI Number:** 83-3142103

**Certificate of Status Desired:** No

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

GARBARINI BLAVIA, VALENTINA  
4401 NW 87TH AVENUE  
612  
MIAMI, FL 33178 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 GARBARINI BLAVIA, VALENTINA  
Address 4401 NW 87TH AVENUE  
City-State-Zip: MIAMI FL 33178

Title DIRECTOR  
Name GARBARINI BLAVIA, VALERIA  
Address 4401 NW 87TH AVENUE. SUITE 612  
City-State-Zip: MIAMI FL 33178

*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:** VALENTINA GARBARINI BLAVIA

P

02/01/2025

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

\_\_\_\_\_  
Date