

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P21000053001

**Entity Name:** GLAMISM MED SPA INC.

**Current Principal Place of Business:**

1300 NW 17TH AVE #273 C  
DELRAY BEACH, FL 33445

**Current Mailing Address:**

586 UDELL LN  
DELRAY BEACH, FL 33445--243 UN

**FEI Number:** 87-1120547

**Certificate of Status Desired:** No

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

CADET, SHIRLEY B  
586 UDELL LN  
DELRAY BEACH, FL 33445 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 CADET, SHIRLEY B  
Address 586 UDELL LN  
City-State-Zip: DELRAY BEACH FL 33445

*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:** SHIRLEY CADET

**MANAGER**

**05/01/2023**

Electronic Signature of Signing Officer/Director Detail

Date