

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P23000041655

**Entity Name:** LASH BEAUTY STUDIO CORP

**Current Principal Place of Business:**

1569 NW 17TH AVE  
MIAMI, FL 33125

**Current Mailing Address:**

1569 NW 17TH AVE  
MIAMI, FL 33125 US

**FEI Number:** 93-1687593

**Certificate of Status Desired:** No

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

YLSE CAROLINA ESCOBAR PINO  
1569 NW 17TH AVE  
MIAMI, FL 33125 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            YLSE CAROLINA ESCOBAR PINO  
Address        1569 NW 17TH AVE  
City-State-Zip: MIAMI FL 33125

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:** YLSE CAROLINA ESCOBAR PINO

P

04/26/2024

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

\_\_\_\_\_  
Date