# 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.

PRESIDENT

SIGNATURE: JESUS MENDOZA

Electronic Signature of Signing Officer/Director Detail

## 2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT DOCUMENT# S82831

Entity Name: TIJERAZO HAIR STYLIST, INC.

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

3409 N ARMENIA AVE TAMPA, FL 33607

#### **Current Mailing Address:**

8901 W. CLUSTER AVENUE TAMPA, FL 33615 US

### FEI Number: 59-3090670

### Name and Address of Current Registered Agent:

MENDOZA, JESUS 8901 W. CLUSTER AVENUE TAMPA, FL 33615 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

#### Office

Title	DP	Title	DST
Name	MENDOZA, JESUS	Name	MENDOZA, MARIA E
Address	8901 W. CLUSTER AVENUE	Address	8901 W. CLUSTER AVENUE
City-State-Zip:	TAMPA FL 33615	City-State-Zip:	TAMPA FL 33615

er/Director Detail :					
	DP	Title	DST		
;	MENDOZA, JESUS	Name	MENDOZA, MARIA E		
ess	8901 W. CLUSTER AVENUE	Address	8901 W. CLUSTER AVENUE		
State-Zip:	TAMPA FL 33615	City-State-Zip:	TAMPA FL 33615		

# Certificate of Status Desired: No

01/30/2017

FILED Jan 30, 2017 Secretary of State CC4246411944

Date

Date