

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P21000077153

Entity Name: GET RIGHT AESTHETICS CORP.**Current Principal Place of Business:**4921 SHERIDAN STREET
#20
HOLLYWOOD, FL 33021**Current Mailing Address:**704 E AVENIDA DEL RIO
CLEWISTON, FL 33440 US**FEI Number:** 87-2396620**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GALLETTA, KIM N
704 E AVENIDA DEL RIO
CLEWISTON, FL 33440 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	SANTIAGO, ARIELLE N
Address	704 E AVENIDA DELO RIO
City-State-Zip:	CLEWISTON FL 33440

Title	VP
Name	SANTIAGO, ARIELLE
Address	704 E AVENIDA DELO RIO
City-State-Zip:	CLEWISTON FL 33440

Title	SEC
Name	SANTIAGO, ARIELLE N
Address	704 E AVENIDA DELO RIO
City-State-Zip:	CLEWISTON FL 33440

Title	TRES
Name	SANTIAGO, ARIELLE N
Address	704 E AVENIDA DELO RIO
City-State-Zip:	CLEWISTON FL 33440

Title	MGR.
Name	SANTIAGO, ARIELLE N
Address	704 E AVENIDA DELO RIO
City-State-Zip:	CLEWISTON FL 33440

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: ARIELLE NICOLE SANTIAGO**PRESIDENT****04/29/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date