


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 10, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000046474**  
1. Entity Name  
**NAIL FILLING, INC.**



Principal Place of Business: **205 WORTH AVE, SUITE 307C, PALM BEACH, FL 33480**  
Mailing Address: **205 WORTH AVE, SUITE 307C, PALM BEACH, FL 33480**



05062004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-1120892</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  
**BRIAN, PHILIPPE J  
205 WORTH AVE, SUITE 307C  
PALM BEACH, FL 33480**

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT CANEDI, FREDERIC 3806 SOUTH OCEAN BLVD. APT. 107 HIGHLAND BEACH, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP DUMAS, NADEGE 3606 SOUTH OCEAN BLVD APT 107 HIGHLAND BEACH, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PHILIPPE, BRAIN J 205 NORTH AVENUE STE 307C PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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U00000159312  
05/10/04-80024-021 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: FREDERIC CANEDI  05/10/2004  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #