## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## FILED DOCUMENT # P04000040146 Feb 05, 2007 08:00 AM 1. Entity Name **Secretary of State** NAILS BY EDITH, INC. Principal Place of Business Mailing Address 1498 SW 47TH AVENUE FT LAUDERDALE FL 33317 1498 SW 47TH AVENUE FT LAUDERDALE FL 33317 2. Principal Place of Business - No P.O Box # 3. Mailing Address Suito, Apt. #, etc. Suite, Apt. #, otc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 33-1086279 Not Applicable Zıp Country Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KARACSONY, EDITH Stroot Address (P.O. Box Number is Not Acceptable) 1498 SW 47TH AVENUE FT. LAUDERDALE FL 33317 City Zip Code 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 Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. PRES THEF Addilion Detete THE Change KARACSONY, EDITH NAME NAME: U00000622211 02/13/07-80015-024 150.00 1498 SW 47TH AVENUE STREET ADDRESS STREET ADDRESS FT, LAUDERDALE FL 33317 CITY-S1-ZIP CITY+S1-ZIP IIILE ☐ Delete Change Addition TITLE NAME STRUT ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIE ☐ Delete ☐ Change ■ Addition NAMU STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIE Delete ШШ TITLE Change ■ Addition NAMI NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CHY-SI-7IP Delete Addition HILE Change NAMI NAME SERFET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-7(P TITLE Defete IIILE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP 12. I horeby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutos. I further certify that the information indicated on this roport or supplemental roport is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the roceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutos; 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.