

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90397 017 ***150.00

DOCUMENT # P04000153471

1. Entity Name
SISTER'S NAILS, INC



4001000

Principal Place of Business
12304 NW 11 LANE
MIAMI, FL 33182 US

Mailing Address
12304 NW 11 LANE
MIAMI, FL 33182 US

2. Principal Place of Business

2500 SW 107 Ave
Suite, Apt. #, etc.
STE 19

3. Mailing Address

2500 SW 107 Ave
Suite, Apt. #, etc.
STE 19

01232006

Chg-P

CR2E034 (11/05)

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

20-1893588

Applied For

Not Applicable

Zip

33165

Country

Dade

Zip

33165

Country

Dade

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MORALES, MARIA E MRS
12304 NW 11 LANE
MIAMI, FL 33182

7. Name and Address of New Registered Agent

Name
MORALES, MARIA E
Street Address (P.O. Box Number is Not Acceptable)
1032 NW 123 CT
City
MIAMI FL Zip Code
33182

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

Maria E. Morales Pres *Maria Morales*

3/27/06

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MORALES, MARIA E MRS	
STREET ADDRESS	12304 NW 11 LANE	
CITY-ST-ZIP	MIAMI, FL 33182	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PERALTA, ANA S MRS	
STREET ADDRESS	12304 NW 11 LANE	
CITY-ST-ZIP	MIAMI, FL 33182	
TITLE	SECR	<input checked="" type="checkbox"/> Delete
NAME	MORALES, MARIA E MRS	
STREET ADDRESS	12304 NW 11 LANE	
CITY-ST-ZIP	MIAMI, FL 33182	
TITLE	TREA	<input checked="" type="checkbox"/> Delete
NAME	PERALTA, ANA S MRS	
STREET ADDRESS	12304 NW 11 LANE	
CITY-ST-ZIP	MIAMI, FL 33182	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Maria E. Morales Pres *3/27/06*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #