


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 20, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # P04000153471 1. Entity Name SISTER'S NAILS, INC	
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Principal Place of Business 2500 SW 107 AVE STE 19 MIAMI, FL 33165 US	Mailing Address 2500 SW 107 AVE STE 19 MIAMI, FL 33165 US
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**DO NOT WRITE IN THIS SPACE**



01292007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1893588	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

MORALES, MARIA E MRS  
 1032 NW 123 CT  
 MIAMI, FL 33182

**DO NOT WRITE IN THIS SPACE**

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 2/19/07  
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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MORALES, MARIA E MRS 12304 NW 11 LANE MIAMI, FL 33182
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PERALTA, ANA S MRS 12304 NW 11 LANE MIAMI, FL 33182
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 05/01/07-80040-023, 150.00

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 President Maria Morales 2/19/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #