


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 21, 2005 8:00 am**  
**Secretary of State**

06-21-2005 90001 005 \*\*\*150.00

**DOCUMENT # P03000115303**

1. Entity Name  
**TANGO HAIR AND NAILS, INC.**



Principal Place of Business  
**3000 N UNIVERSITY DR  
 STE E  
 CORAL SPRINGS, FL 33065**

Mailing Address  
**PO BOX 771210  
 CORAL SPRINGS, FL 33077-1210**

2. Principal Place of Business  
**3121 NE 27 AVE**  
 Suite, Apt. #, etc.

3. Mailing Address  
**3121 NE 27 AVE**  
 Suite, Apt. #, etc.

City & State  
**Light house Point, FL**


City & State  
**Light house Point FL**

Zip  
**33064**

Country  
**USA**

Zip  
**33064**

Country  
**USA**



06082005 Chg-P CR2E034 (10/03)

4. FEI Number  
**72-1573512**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**ZEITLER, MARK  
 3000 N UNIVERSITY DR  
 STE E  
 CORAL SPRINGS, FL 33065**

7. Name and Address of New Registered Agent  
 Name  
**3121 NE 27 AVE**  
 Street Address (P.O. Box Number is Not Acceptable)  
**Light house Point, FL 33064**  
 City  
**Light house Point FL** Zip Code  
**FL 33064**

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 *Mark Zeitler* DATE 6/10/05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> ZEITLER, MARC 3000 N UNIVERSITY DR CORAL SPRINGS, FL 33065 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3121 NE 27 AVE</b> <b>Light house Point, FL 33064</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Mark Zeitler* DATE 6/10/05 DAYTIME PHONE # 954970-9002  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

# ATTACHMENT

40088846

M A S

PO BOX 771210

Coral Springs, Fl. 33077-1210

954-346-7288 - Broward 954-346-7217 Fax 305-621-9382 - Dade

06/11/05

Florida Department of State  
PO BOX 6327  
Tallahassee, Fl. 32314

Re: Tango Hair and Nails, Inc.  
Doc # P03000115303

To Whom It May Concern:

We are enclosing an original signed copy of the application for the corporate annual renewal for our client, Tango Hair and Nails, Inc.

We are providing a check for the annual fee; however, we have not included the penalty, as the client did not receive the postcard sent to companies to file the renewal due to an incorrect address.

While in our office, we checked the status of the corporation and determined they had not filed. They then asked our assistance to complete the form and file it on his behalf.

Therefore we are requesting reinstatement on behalf of Tango Hair and Nails, Inc. based on not having received his 2005 Uniform business report due to the incorrect address and the failure to receive the reinstatement notification.

The client is aware of the filing deadline for future years.  
Should you have any questions, please contact my office.

Thank you,  
Sincerely,



David Hernandez