

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000153471

**Entity Name:** SISTER'S NAILS,INC

**Current Principal Place of Business:**

6840 SW 40 STREET  
SUITE 31  
MIAMI, FL 33155

**FILED**  
**Apr 26, 2016**  
**Secretary of State**  
**CC0884238451**

**Current Mailing Address:**

6840 SW 40 STREET  
SUITE 31  
MIAMI, FL 33155 US

**FEI Number:** 20-1893588

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MORALES, MARIA EMRS  
1032 NW 123 CT  
MIAMI, FL 33182 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title	P	Title	VP
Name	MORALES, MARIA EMRS	Name	PERALTA, ANA SMRS
Address	1032 NW 123 CT	Address	12304 NW 11 LANE #903
City-State-Zip:	MIAMI FL 33182	City-State-Zip:	MIAMI FL 33182

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARIA EMRS MORALES

**P**

**04/26/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date