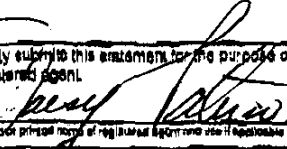
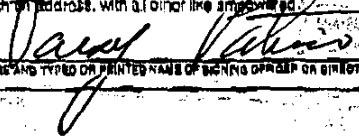


FILED
May 17, 2004 8:00 am
Secretary of State

05-17-2004 90017 008 ***150.00

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # F52084			
1. Entity Name DAISY NAILS & LASHES, INC.			
Principal Place of Business 615 E HALLANDALE BEACH BLVD. HALLANDALE, FL 33009-1421		Mailing Address 615 E HALLANDALE BEACH BLVD. HALLANDALE, FL 33009-1421	
2. Principal Place of Business		3. Mailing Address	
Suits, Apt. #, etc.		Suits, Apt. #, etc.	
City & State		City & State	
Zip		Country	
4. FEI Number 59-2182102		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		8.75 Additional Fed Required	
6. Name and Address of Current Registered Agent PATINO, DAISY 5580 ESTATE OAK CIRCLE HOLLYWOOD, FL 33312		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		FL Zip Code	
8. This 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: 		5/13/2004	
Signature, typewritten printed name of registered agent and fee if applicable		(NOTE: Registered Agent signature required when replacing)	
FILE NOW!!! \$52 IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
		In accordance with s. 607.103(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P&O ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	PATINO, DAISY	NAME	
STREET ADDRESS	5580 ESTATE OAK CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD, FL 33312	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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 preparer 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 a former like employment.			
SIGNATURE: 		5/13/04 984-4571660	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date and Phone #	