

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90089 002 ***150.00

DOCUMENT # G15307

1. Entity Name
CONTOUR NAILS BY FANIT PANOFKY, INC.



Principal Place of Business
**455 SW 78TH AVE
PLANTATION, FL 33324**

Mailing Address
**455 SW 78TH AVE
PLANTATION, FL 33324**

40014399



01272007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2239195	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PANOFKY, FANIT
455 SW 78TH AVE
PLANTATION, FL 33324**

**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

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
**PD
PANOFKY, FANIT
455 SW 78TH AVE
FORT LAUDERDALE, FL 33324**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
PANOFKY, JAY
455 SW 78TH AVE
FORT LAUDERDALE, FL 33324**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
PANOFKY, YONY
455 SW 78TH AVE
FORT LAUDERDALE, FL 33324**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
PANOFKY, JOSEPH
455 SW 78TH AVE
FORT LAUDERDALE, FL 33324**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
PANOFKY, ELINOR
455 SW 78TH AVE
FORT LAUDERDALE, FL 33324**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/07
Date

954-472-7733
Daytime Phone #