MAY.19.2004 12:25AM CORPORATIONS

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 24, 2004 8:00 am
Secretary of State
05-24-2004 90008 013 ***150.00

DOCUMENT # L02820

1. Entity Name
NAIL IMAGE INCORPORATED

14022799

Principal Place of Business	Mailing Address
5801 S.W. 40TH STREET MIAMI, FL 33155	5801 S.W. 40TH STREET MIAMI, FL 33155

03122003 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
5801 S.W. 40th Street	5801 S.W. 40th Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FL.	City & State: Miami, FL.
Zip: 33155 Country: U.S.A.	Zip: 33155 Country: U.S.A.

4. FEI Number 65-0135165 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HUSSAINI, ILIANA
5801 BIRD ROAD
MIAMI, FL 33155

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 $550.00
Due by September 8, 2004

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	PD PRIETO-REYNOLDS, NIVRKA 5801 S.W. 40TH STREET MIAMI, FL 33155	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: ______________________ 05/18/04 (305)666-5481
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment
14022799
L02820

05-18-04

To whom it may concern,

I am writing this letter in response to not having recieved my Annual Report notification card. I spoke to Tina who said to write this letter stating I hadn't recived the card and that I wouldn't have to pay the late fee. I'm very sorry for the delay and appreciate your understanding.

Sincerely, Kimberly Smith

Document # L02820
FEI # 65-0135185