


2010 FOR PROFIT CORPORATION, ANNUAL REPORT

FILED

10 OCT 20 AM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L82490	
1. Entity Name NEW IMAGE HAIR & NAILS, INC.	

Principal Place of Business 7142 NOB HILL RD TAMARAC, FL 33321 US	Mailing Address 7142 NOB HILL RD TAMARAC, FL 33321 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

09202010 Chg-P CR2E034 (11/08)

4. FEI Number 65-0215901	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent COHEN, SHELDON 7610 WESTWOOD DR TAMARAC, FL 33321	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 resigning) DATE

FILE NOW!!! FEE IS \$550.00 Due by September 24, 2010	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D COHEN, SHELDON 7610 WESTWOOD 106 TAMARAC, FL <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
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09/21/10--01004--002 **550.00

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
10/10/10 954-726-4989