2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2004 8:00 am Secretary of State 05-03-2004 90429 004 ***150.00

DOCUMENT # P00000070512 1. Entity Name CINDY'S NAIL & SKIN CARE STUDIO, INC.						03-03-2004 \$	90429 004 *** 13	0.00
Principal Plac	e of Business	Mailing Address			1			
1402 SE 47TH ST		1402 SE 47TH ST						
#4		#4			Ì			
CAPE CORAL	, FL 33904	CAPE CORAL, FL 3390)4	_				
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04282004	Chg-P	CR2E034 (10/03)	•	
City & State		City & State			4. FEI Number -15-1626	673- 65 - 1		pplied For ot Applicable
Zip Country Zip		Zip	Country		5. Certificate of Status Desired S8.75 Additional Fee Required			
	6. Name and Address of Curren	t Registered Agent			7. Name and A	ddress of New R	egistered Agent	
**.				Name				
GOODRICH, CINDY 1402 SE 47TH ST				Street Address (P.O. Box Number is Not Acceptable)				
H4 CAPE COI	RAL, Fk 33904	. •		7			······································	
				City			FL Zip Coo	le
	named actity submits this statement tions of registered agent.	for the purpose of changing its	register	ed office or register	red agent, or both,	in the State of Flo	orida. I am familiar with	and accept
SIGNATURE								
	Signature, typed or printed name of registered age	nt and title if applicable. (NOT	E: Registers	ed Agent signature required	d when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.				, _,	.00 May Be led to Fees			
10.	OFFICERS AN		11.		ADDITIONS/C	HANGES TO OFF	ICERS AND DIRECTOR	
TITLE	D	Delete	TITL				☐ Change	Addition
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TITLE			LIIY	/-ST-ZIP				
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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.