


pre/1/2

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P00000074389**

1. Entity Name  
**PREMIER NAIL SOURCE, INC.**



FILED

07 JUL 19 PM 4:19

SECRETARY OF STATE  
TALLAHASSEE FLORIDA  
05/16/07 07:40:03 66.00

Principal Place of Business  
**5008 W. LINEBAUGH AVE.  
#33  
TAMPA, FL 33624**

Mailing Address  
**5008 W. LINEBAUGH AVE.  
#33  
TAMPA, FL 33624**



2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc

3. Mailing Address  
Suite, Apt. #, etc

05222007 Chg-P CR2E034 (12/06)

City & State

4. FEI Number  
**59-3663962**

Applied For  
 Not Applicable

Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

Zip Country

6. Name and Address of Current Registered Agent

**KERZNER, MICHAEL  
5008 W. LINEBAUGH AVE.  
#33  
TAMPA, FL 33624**

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 90% ownership (NOTE: Registered Agent signature required when consolidating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

### 10. OFFICERS AND DIRECTORS

TITLE **D, Pres.**  Delete

NAME **KERZNER, MICHAEL**

STREET ADDRESS **5008 W. LINEBAUGH AVE. #33**

CITY ST ZIP **TAMPA, FL 33624**

TITLE **VP**  Delete

NAME **KERZNER, PAIGE**

STREET ADDRESS **5008 W. LINEBAUGH AVE #33**

CITY ST ZIP **TAMPA, FL 33624**

TITLE ~~Treasurer~~  Delete

NAME ~~Kerzner Daniel~~

STREET ADDRESS ~~5008 West Linebaugh Ave #33~~

CITY ST ZIP ~~Tampa FL 33624~~ **Alt.**

TITLE  Delete

NAME

STREET ADDRESS

CITY ST ZIP

TITLE  Delete

NAME

STREET ADDRESS

CITY ST ZIP

TITLE  Delete

NAME

STREET ADDRESS

CITY ST ZIP

### 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Treasurer / Secretary**  Change  Addition

NAME **Kerzner Daniel**

STREET ADDRESS **5008 West Linebaugh Ave. #33**

CITY ST ZIP **Tampa, FL 33624**

TITLE **300106626063**  Change  Addition

NAME

STREET ADDRESS **05/16/07--01024--013 \*\*60.00**

CITY ST ZIP **300106626063**

TITLE **07/24/07--01023--009**  Change  Addition

NAME

STREET ADDRESS

CITY ST ZIP

TITLE  Change  Addition

NAME

STREET ADDRESS

CITY ST ZIP

TITLE  Change  Addition

NAME

STREET ADDRESS

CITY ST ZIP

TITLE  Change  Addition

NAME **B. Nelson**

STREET ADDRESS

CITY ST ZIP

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]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**06/25/07 813-431-3377**  
Date Date Printed #