2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Mar 15, 2006 08:00 AM Secretary of State DOCUMENT # P01000018110 1. Entity Name JOYCE NAILS, CORP. Principal Place of Business Malling Address 13900 S W 160TH AVENUE 13900 S W 160TH AVENUE MIAMI, FL 33196 MIAMI, FL 33196 CR2E034 (11/05) 03062006 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1080614 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GUERRIER, IMMACULA DO NOT WRITE 13900 S W 160TH AVENUE MIAMI, FL 33196 IN THIS SPACE 5. 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 eccept 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) 2. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME GUERRIER, IMMACULA 13900 S W 160TH AVENUE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33196 TITLE U00000468243 03/24/06-80023-010 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this tiling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further pertify 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 repeiver 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 ampowered.

SIGNATURE:

TITLE

NAME STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TURE AND TYPED OR PRINTED NAME OF S

Date Davins Phone f

FILED