


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000021965		
1. Entity Name NAILMANIA, INC.		

Principal Place of Business 8355 W FLAGLER ST #4 MIAMI, FL 33144	Mailing Address 11350 S W 42 STREET MIAMI, FL 33165-4615
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DO NOT WRITE IN THIS SPACE

FILED
05 SEP 19 PM 12: 29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08172005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1080061	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MIRANDA-KNAPP, CARLOS A
11350 S W 42 STREET
MIAMI, FL 33165-4615

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IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MIRANDA-KNAPP, CARLOS A 16746 SW 51 ST MIRAMAR, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVTD KNAPP-MIRANDA, EVELYN 11350 S W 42 STREET MIAMI, FL 331654615
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300059746283
09/19/05--01054--001 **150.00

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: Evelyn Knapp Miranda 9-1-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #