2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000051314

1. Entity Name
NAIL MAX CORPORATION

Principal Place of Business	Mailing Address
5631 HALIFAX AVE., UNIT B FT. MYERS, FL 33912	5631 HALIFAX AVE., UNIT B FT. MYERS, FL 33912

DO NOT WRITE IN THIS SPACE

94019551

02112004   No Chg-P   CR2E034 (10/03)

4. FEI Number		Applied For
65-1108320		Not Applicable

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

6. Name and Address of Current Registered Agent

MATHIS, JULIE CPA
RICCIANI, MATHIS & JESSEN
6371 PRESIDENTIAL CT.
FT. MYERS, FL 33919

DO NOT WRITE 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 _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LANDAU, ANGELA
STREET ADDRESS	~~ROENTGENSTR 80~~ EULERWEG 11
CITY-ST-ZIP	~~DACUMSTADT, 64291~~ 64291 DARMSTADT, GERMAN

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
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CITY-ST-ZIP	

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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: _Angela Landau_   ANGELA LANDAU   02-18-04   239-482-5148
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #