


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2005 08:00 AM
Secretary of State

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| DOCUMENT # P01000051314 |  |
| 1. Entity Name NAIL MAX CORPORATION | |

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| Principal Place of Business 909 NE 27TH LN UNIT 1 CAPE CORAL, FL 33909 | Mailing Address 909 NE 27TH LN UNIT 1 CAPE CORAL, FL 33909 |
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DO NOT WRITE IN THIS SPACE



01072005 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 65-1108320 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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|--|---------------------------------------|
| 6. Name and Address of Current Registered Agent JESSEN, ANDREW G RICCIANI, MATHIS & JESSEN 6371-4 PRESIDENTIAL CT. FT. MYERS, FL 33919 | DO NOT WRITE IN THIS SPACE |
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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 (if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LANDAU, ANGELA 909 NE 27TH LN UNIT 1 CAPE CORAL, FL 33909 |
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04/07/05-80055-017 150.00

**DO NOT WRITE
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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)(f), 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:  | Date 3/17/05 | Daytime Phone # 239 573 7000 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | |