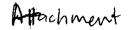
## **2004 FOR PROFIT CORPORATION ANNUAL REPORT**

## FILED May 14, 2004 8:00 am Secretary of State 05-14-2004 90012 018 \*\*\*150.00

DOCUMENT # P01000057 1. Entity Name NAILMARK'S, INC.	938			0,7001 <u>2</u> 010 11	
Principal Place of Business 1239 E HILLCREST STREET ORLANDO, FL 32803	E HILLCREST STREET 1239 E HILLCREST STREET			24075483	
2. Principal Place of Business	3. Mailing Address				
Suite, Apt. #, etc.	Suite, Apt. #, etc.		04262004 Chg-P	CR2E034 (10/03)	
City & State	City & State		4. FEI Number 59-3725949	<u>-</u>	plied For at Applicable
Zip Country	Zip	Country	5. Certificate of Status Desired	<b>\$8.75</b> Add Fee Require	
6. Name and Address of Current F	Registered Agent	Name	7. Name and Address of Nev	w Registered Agent	
TRAN, VINNIE 1239 E HILLCREST STREET ORLANDO, FL 32803	Street Address (		s (P.O. Box Number is Not Accepta	ble)	
		City		FL Zip Cod	e
<ol><li>The above named entity submits this statement for the obligations of registered agent.</li></ol>	the purpose of changing its	s registered office or regis	stered agent, or both, in the State of	Fiorida. I am familiar with,	and accept
SIGNATURE	nd litte if applicable. (NOT	FE: Registered Agent signature requ	fired when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.0	9. Election Campa Trust Fund Con		55.00 May Be dded to Fees		
10. OFFICERS AND E  TILL PD  TRAN, VINNIE  STREET ADDRESS 10612 CLOUDVIEW DRIVE  CITY ST ZIP ORLANDO, FL 32825	DIRECTORS  Detete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES TO C	OFFICERS AND DIRECTOR  Change	S IN 11
TITLE NAME STREET ADDRESS AUY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	☐ Addition
INILE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete ·	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE  NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STHEET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Continue AD CTOVO FOR A CO	☐ Change	Addition

Inereoy certify that the information supplied with this filling 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 supplied with 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 of 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: \_





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