


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 12, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000100885</b>		
1. Entity Name NUBIAN HAIR & NAIL, INC.		
Principal Place of Business 2702 NORTH UNIVERSITY DRIVE SUNRISE, FL 33322	Mailing Address 2702 NORTH UNIVERSITY DRIVE SUNRISE, FL 33322	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  CARROLL, SYLVIA C 2702 NORTH UNIVERSITY DRIVE SUNRISE, FL 33322		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>		07/12/05-80004-019 150.00
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD O'MEALLY, ANDREA 4240 NW 52ND AVENUE LAUDERDALE LAKES, FL 33319	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD CARROLL, SYLVIA C 5024 CHARDONNAY DRIVE CORAL SPRINGS, FL 33067	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <u>Sylvia C. Carroll</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>Sylvia C. Carroll</u> <small>Vice President/Treasurer</small> Date: <u>7/4/05</u> Daytime Phone #: <u>770-507-8849</u>