


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90327 036 \*\*\*150.00

<b>DOCUMENT # P02000014545</b> 1. Entity Name <b>EXPRESS HAIR &amp; NAILS, INC.</b>	
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Principal Place of Business 5650 STIRLING RD., #10 HOLLYWOOD, FL 33021	Mailing Address 17290 NE 19TH AVENUE NORTH MIAMI BEACH, FL 33162
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40072089



03282006 No Chg-P CR2E034 (11/05)

4. FEI Number 01-0589256	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  ALMAN, MARTIN H 17290 NE 19TH AVENUE NORTH MIAMI BEACH, FL 33162	<b>DO NOT WRITE IN THIS SPACE</b>
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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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY ST ZIP	PD PATICHI, NEHEMIA 20035 NE 2ND COURT NORTH MIAMI BEACH, FL 33179
TITLE NAME STREET ADDRESS CITY ST ZIP	SD PATICHI, CYVIA 20035 NE 2ND COURT NORTH MIAMI BEACH, FL 33179
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Nehemia Patichi - NEHEMIA PATICHI 3/18/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #