

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 23, 2008 8:00 am**  
**Secretary of State**

06-23-2008 90003 012 \*\*\*150.00

<b>DOCUMENT # P02000014919</b>					
<b>1. Entity Name</b> CAPELO NAIL BEAUTY SALON, INC.					
<b>Principal Place of Business</b> <del>16100 COLLINS AVE STE 104</del> SUNNY ISLES, FL 33160			<b>Mailing Address</b> <del>16100 COLLINS AVE STE 104</del> SUNNY ISLES, FL 33160		
<b>2. Principal Place of Business - No P.O. Box #</b> 19370 Collins Ave			<b>3. Mailing Address</b> 19370 Collins Ave		
Suite, Apt. #, etc. 704-C			Suite, Apt. #, etc. 704-C		
City & State Sunny Isles, FL			City & State Sunny Isles, FL		
Zip 33160		Country		Zip 33160	
Country		<b>4. FEI Number</b> 03-0379968			
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  VARGAS, ALVARO Z <del>16100 COLLINS AVE STE 104</del> SUNNY ISLES, FL 33160			<b>7. Name and Address of New Registered Agent</b> Name VARGAS, ALVARO Z. Street Address (P.O. Box Number is Not Acceptable) 19370 Collins Ave # 704-C City Sunny Isles FL Zip Code 33160		
<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.</b> SIGNATURE:  ALVARO Z. VARGAS, President. DATE: 6/17/08 <small>(Signature, typed or printed name of registered agent and agent applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 12, 2008</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VARGAS, ALVARO Z <del>16100 COLLINS AVE STE 104</del> SUNNY ISLES, FL 33160	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S/T/D VARGAS, ALVARO Z. 19370 COLLINS AVE # 704-C SUNNY ISLES, FL 33160	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RIOS, RUBIELA <del>16100 COLLINS AVE STE 104</del> SUNNY ISLES, FL 33160	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RIOS, RUBIELA 19370 COLLINS AVE # 704-C SUNNY ISLES, FL 33160	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD VARGAS, ALVARO Z <del>16100 COLLINS AVE STE 104</del> SUNNY ISLES, FL 33160	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b>			ALVARO Z. VARGAS 6/17/08 786-222-8541		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

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