

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90030 025 ***150.00

DOCUMENT # P02000032991

1. Entity Name

NAILS BY PAT, INC.



Principal Place of Business

**8034 WILES RD
CORAL SPRINGS FL 33067**

Mailing Address

**8034 WILES RD
CORAL SPRINGS FL 33067**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number

01-0649853

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RUTHERFORD, MULHALL & WARGO, P.A.
2600 N MILITARY TRAIL FOURTH FL
BOCA RATON FL 33431**

Name

PHATCHAREE MYERS

Street Address (P.O. Box Number is Not Acceptable)

8034 WILES ROAD

City

Coral Springs

FL

Zip Code

33067

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 re-registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | MYERS, PHATCHAREE | |
| STREET ADDRESS | 8015 WILAS RD APT 108 | |
| CITY-ST-ZIP | COCONUT CREEK FL 33073 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | MYERS, PHATCHORFF | |
| STREET ADDRESS | 8015 WILAS RD APT 108 | |
| CITY-ST-ZIP | COCONUT CREEK FL 33073 | |
| TITLE | ST | <input type="checkbox"/> Delete |
| NAME | MYERS, PHATENARFF | |
| STREET ADDRESS | 8015 WILAS RD APT 108 | |
| CITY-ST-ZIP | COCONUT CREEK FL 33073 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|-------------------------|------------------------------------------------------------------------------|
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Phatcharee Myers | |
| STREET ADDRESS | 1820 Hammock Blvd. 223 | |
| CITY-ST-ZIP | Coconut Creek, FL 33063 | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Phatcharee Myers | |
| STREET ADDRESS | 1820 Hammock Blvd. 223 | |
| CITY-ST-ZIP | Coconut Creek, FL 33063 | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Phatcharee Myers | |
| STREET ADDRESS | 1820 Hammock Blvd. 223 | |
| CITY-ST-ZIP | Coconut Creek, FL 33063 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Phatcharee Myers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #