

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 26, 2007 8:00 am**  
**Secretary of State**

01-26-2007 90039 047 \*\*\*150.00

DOCUMENT # P02000108138

1. Entity Name

MARINA BEAUTY & NAILS SALON, INC.



Principal Place of Business

7432 GARY AVE.  
MIAMI BEACH FL 33141

Mailing Address

7432 GARY AVE.  
MIAMI BEACH FL 33141



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

7113 COLLINS.

3. Mailing Address

7432 GARY AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

MIAMI BEACH FLA.

City & State

MIAMI BEACH FLA.

4. FEI Number

55-0799723

Applied For

Not Applicable

Zip

33141

Country

FLA

Zip

33141

Country

FLA.

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PENA, OLGA M  
7432 GARY AVE.  
MIAMI BEACH FL 33141

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2007 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

TITLE P  
NAME PENA, OLGA ☐ Delete  
STREET ADDRESS 7432 GARY AVE.  
CITY-STATE-ZIP MIAMI BEACH FL 33141

TITLE ST  
NAME TOMAS, ANTONIO ☐ Delete  
STREET ADDRESS 7432 GARY AVE.  
CITY-STATE-ZIP MIAMI BEACH FL 33141

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-STATE-ZIP

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CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-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:

*Antonio Tomas*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-07 305 866 4260.

Date

Daytime Phone #