

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P02000119071

1. Entity Name

YANILDA NAILS CORP.



Principal Place of Business

2626 SW 18 ST
MIAMI FL 33145

Mailing Address

2626 SW 18 ST
MIAMI FL 33145

2. Principal Place of Business

3452 SW 8th

3. Mailing Address

3452 SW 8th

Suite, Apt. #, etc.

#1

Suite, Apt. #, etc.

#1

City & State

Miami FL

City & State

Miami FL

Zip

33135

Country

USA

Zip

33135

Country

USA

6. Name and Address of Current Registered Agent

PERES, CARLOS
2626 SW 18 ST
MIAMI FL 33145

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, 2004 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 PD
NAME PERES Carlos
STREET ADDRESS 2626 SW 18 ST
CITY-ST-ZIP MIAMI FL 33145

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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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)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

04 APR 29 AM 11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MOORE

CR2E034 (11/03)

4. FEI Number

32-2186851

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required