

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000119248

1. Entity Name
O'NAILS CORPORATION



Principal Place of Business
**749 ALHAMBRA CIRCLE
MIAMI, FL 33134**

Mailing Address
**749 ALHAMBRA CIRCLE
MIAMI, FL 33134**



05192008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 14-1856656	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ODUBER, ROSALIA
749 ALHAMBRA CIRCLE
MIAMI, FL 33134**

**DO NOT WRITE
IN THIS SPACE**

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]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

May 16/2006

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ODUBER, ROSALIA
STREET ADDRESS	748 ALHAMBRA CIRCLE
CITY - ST - ZIP	MIAMI, FL 33134

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
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STREET ADDRESS	
CITY - ST - ZIP	

U00000567171
06/13/06-80006-021 158.75

**DO NOT WRITE
IN THIS SPACE**

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

May 16/2006