## 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P03000019875  1. Entity Name NADINE'S SALON & DAY SPA, INC.						V	05 JUN	ILED -7 PH	4: 21		
Principal Place of Business Mailing Address						Z	SECLES				
22668 OVERSEAS HIGHWAY CUDJOE KEY, FL 33042		22668 OVERSEAS HIGHWAY CUDJOE KEY, FL 33042				7/	SECKET! TALLAHA:	3.12., i i j	7 ; 7		
2. Principal Place of Business		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.			ì	06012005	Chg-P	CR2E034	CR2E034 (10/03)		
City & State		City & State								plied For t Applicable	
Zip	Country	Zip Coun		try	5. Certificate of Statu			Desired S8.75 Additional Fee Required			
	6. Name and Address of Current	Registered Agent				7. Name and	Address of New F	Registered Age	ent		
CYRWUS, NADINE					Name						
22668 OV	ERSEAS HIGHWAY (EY, FL 33042	s		Street Add	eet 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											
Amended AR Is \$61.25  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees											
10.	OFFICERS AND	DIRECTORS	11.			ADDITIONS.	CHANGES TO OFF	ICERS AND D	RECTORS	S IN 11	
TITLE			TITLE	1 V	7.P.	•			] Change	🔀 Addition	
NAME STREET ADDRESS	CYRWUS, NADINE NAMI STREE			r independent J	Jose	eph McF	Kasty				
CITY-ST-ZIP	I _		-ST-ZIP P	P.O. Box 420448 Summerland Key, FL 33042							
TITLE NAME STREET ADDRESS CITY-ST-ZIP					80005663355 Addition 06/29/0501004012 **51.25						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				E Et address				C	] Change	☐ Addition	
TITLE		Defete	TITLE	-ST-ZIP					] Change	Addition	
NAME		C Deletts	NAME	I				_	1 Change	L MOUNTON ]	
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP							
TITLE NAME		☐ Delete	TITLE	I					] Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP			STREE	ET ADDRESS -ST-ZIP							
THTLE	☐ Delete 117				-				Change	Addition	
NAME STREET ADDRESS			NAME STREE	ET ADDRESS						İ	
CITY-ST-ZiP	partify that the information available 199	this filing does not a set of		-ST-ZIP	1:- 0	No. 140 07(0)	O. Frank (s. On see	(Amate 127	ale a color		
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Date  Date  Date  Description Prioring  Date											
	SIGHA LURE AND LIPED ON F	THE TEN TORME OF SIGNING OFFICER	OK DIMECT	un			Date	Dayti	ne Phone #	I	