FILED
Apr 29, 2004 8:00 am
Secretary of State

04-09-2004 90046 015 ***150.00

ANNUAL REPORT (AR)

DOCUMENT # P03000030650

1. Entity Name

ELEGANT NAILS POMPANO, INC.

Principal Place of Business	Mailing Address
1221 S. FEDERAL HIGHWAY POMPANO FL 33062	1221 S. FEDERAL HIGHWAY POMPANO FL 33062

MOORE CR2E034 (11/03)

2. Principal Place of Business	3. Mailing Address
ELEGANT NAILS POMPANO	ELEGANT NAILS POMPANO
Suite, Apt. #, etc.: 1221 S FEDERAL HWY	Suite, Apt. #, etc.: 1221 S FEDERAL HWY
City & State: POMPANO BEACH	City & State: POMPANO BEACH, FL
Zip: FL 33062 Country:	Zip: 33062 Country:

4. FEI Number 20-0618196 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LE, HOA
1221 S. FEDERAL HIGHWAY
POMPANO FL 33062

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	D	☐ Delete
NAME	HOA, LE	
STREET ADDRESS	1221 S. FEDERAL HIGHWAY	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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 #