

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90233 019 \*\*\*150.00

<b>DOCUMENT # P04000040146</b> 1. Entity Name <b>NAILS BY EDITH, INC.</b>																															
Principal Place of Business <b>1498 SW 47TH AVENUE FT LAUDERDALE, FL 33317</b>		Mailing Address <b>1498 SW 47TH AVENUE FT LAUDERDALE, FL 33317</b>																													
2. Principal Place of Business - No P.O. Box # <b>10550 STATE ROAD 8Y</b> Suite, Apt. #, etc. <b>LOT # 13Y</b>		3. Mailing Address <b>10550 STATE ROAD 8Y</b> Suite, Apt. #, etc. <b>LOT # 13Y</b>																													
City & State <b>DAVIE FL 33324</b>		City & State <b>DAVIE FL</b>																													
Zip <b>33324</b>	Country <b>USA</b>	Zip <b>33324</b>	Country <b>USA</b>																												
4. FEI Number <b>33-1086279</b>		Applied For <input type="checkbox"/> Not Applicable																													
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>																													
6. Name and Address of Current Registered Agent  <b>KARACSONY, EDITH 1498 SW 47TH AVENUE FT. LAUDERDALE, FL 33317</b>		7. Name and Address of New Registered Agent Name <b>SIMON ZIV</b> Street Address (P.O. Box Number is Not Acceptable) <b>10550 STATE ROAD 8Y</b> <b>LOT # 13Y</b> City <b>DAVIE FL</b> Zip Code <b>33324</b>																													
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 <u><b>SIMON ZIV</b></u> <u><b>[Signature]</b></u> <u><b>104.29.08</b></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE</small>																															
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																													
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <b>PRES</b>  <b>KARACSONY, EDITH</b>  <b>1498 SW 47TH AVENUE</b>  <b>FT. LAUDERDALE, FL 33317</b> </td> </tr> <tr> <td></td> <td style="text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRES</b> <b>KARACSONY, EDITH</b> <b>1498 SW 47TH AVENUE</b> <b>FT. LAUDERDALE, FL 33317</b>		<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <b>PRES/DIRECTOR</b>  <b>SIMON ZIV</b>  <b>10550 STATE ROAD 8Y LOT # 13Y</b>  <b>DAVIE FL 33324</b> </td> </tr> <tr> <td></td> <td style="text-align: right;"><input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRES/DIRECTOR</b> <b>SIMON ZIV</b> <b>10550 STATE ROAD 8Y LOT # 13Y</b> <b>DAVIE FL 33324</b>		<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 <u><b>[Signature]</b></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u><b>4-19-08</b></u> Daytime Phone # <u><b>954-579-0546</b></u>																													