2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 31, 2005 8:00 am Secretary of State

04-18-2005 90576 002 ***150 00

DOCUMENT # P04,000092370 1. Entity Name NAIL BOUTIQUE ACADEMY OF CENTRAL FLORIDA, INC.					04-18-200	is 90576 00	12 ****1	.50,00
Principal Place of Business 17 W MONUMENT AVENUE KISSIMMEE, FL 34741 US	7 W MONUMENT AVENUE 17 W MONUMENT AVEN				660200	56		
2. Principal Place of Business 134 N John Young Pkway Since, Apt. W, etc. Suite, Apt. W, etc. Suite, Apt. W, etc.		· ·	4	03102005 Chg-P CR2E034 (10/03)				
Kity & State Kissimmee	City & State	City & State		3 FEI Number	-		A	oplied For lot Applicable
Florida 34741	Zip / · / Zip / - / (/		iby		of Status Desired	□ \$8 Fe	8.75 Add	Iditional
MORALES, JOSE 17 W MONUMENT AVENUE KISSIMMEE, FL 34741 8. The above named entity submits this statement for the statement of		- renisign	City	P.O. Box Number	Address of New Address of New Address of New Address of Figure 1	FL	Zip Cod	
the obligations of registered a pent. SIGNATURE Sonetive freed or profile name of regree as spent and			ed Office or register		h, in the state or i	DATE	illar win,	and accept
FILE NOWIII FEE IS \$150,00 After May 1, 2005 Fee will be \$550.00	9. Election Campai Trust Fund Contr	-	☐ Ādde	.00 May Be ad to Fees		- 		
TITLE: President N. Morales STRET ADDRESS 2149 The Cats Olud. CITY-ST-ZIP KISSIMMER F/34149				ADDITIONS/	CHANGES TO OF		RECTORS	S IN 11 ·
STREET ADDRESS 2149 The Oales A	Tose A. Morales EI NOTRESS 2149 The Oaks Blvd.		E ET ADDRESS S1-21P				Change	Addition
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TILE NAME STREET ADDRESS CITY-ST-2D	1 Ores	CITY-S	T ADDRESS ST-ZIP	چې وا بند نو ۳ هم سور 		_	Change	Addition
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 ON PRINTED HAME OF BROWNING OFFICEN OR DRIECTOR DESCRIPTION FOR DESCRIPTION FOR THE PROPERTY OF THE PROPE								