

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90098 016 ***158.75

DOCUMENT # P04000092827 1. Entity Name BLACK SWAN NAIL SERVICES, INC.			
Principal Place of Business 3910 WESTVIEW WEST PALM BEACH, FL 33407		Mailing Address 3910 WESTVIEW WEST PALM BEACH, FL 33407	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 3910 Westview Suite, Apt. #, etc.	
City & State West palm		City & State West palm	
Zip 33407		Zip 33407	
Country USA		Country USA	
4. FEI Number 76-0781408		<input checked="" type="checkbox"/> 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 STUBBS, CYNTHIA M 3910 WESTVIEW WEST PALM BEACH, FL 33407		7. Name and Address of New Registered Agent Name: Cynthia M. Stubbs Street Address (P.O. Box Number is Not Acceptable): 3910 Westview City: West palm FL Zip Code: 33407	
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><i>Cynthia Stubbs</i></u> (NOTE: Registered Agent signature required when reinstating) DATE: _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STUBBS, CYNTHIA M 3910 WESTVIEW WEST PALM BEACH, FL 33407 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>Cynthia Stubbs</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>4-26-05</u> Daytime Phone #: <u>381-312-9011</u>	

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Division of Corporations

Invalid FEI number

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you my contact me at 561-845-1159

Cynthia Stubb

Attachment
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