

# **2005 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000138321

**FILED**  
**Jan 17, 2005**  
**Secretary of State**

**Entity Name:** ELEGANTE HAIR, NAILS, & BEYOND, INC.

**Current Principal Place of Business:**

8578 PALM PARKWAY  
ORLANDO, FL 32836

**New Principal Place of Business:**

**Current Mailing Address:**

8578 PALM PARKWAY  
ORLANDO, FL 32836

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

VICTOR LERRO & COMPANY, PA  
2600 N MILITARY TRAIL  
SUITE 230  
BOCA RATON, FL FL US

**Name and Address of New Registered Agent:**

NICOLE PALMER  
265 JAYBEE AVE  
DAVENPORT, FL FL US

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.

SIGNATURE: NICOLE PALMER

01/17/2005

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MORATO, ALEXANDER  
Address: 11012 REGENCY COMMONS CT  
City-St-Zip: ORLANDO, FL 32837

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: PALMER, NICOLE  
Address: 265 JAYBEE AVE  
City-St-Zip: DAVENPORT, FL 33897

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NICOLE PALMER

PRES

01/17/2005

Electronic Signature of Signing Officer or Director

Date