2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 06, 2007 8:00 am
Secretary of State
09-06-2007 90012 012 ***550.00

DOCUMENT # P05000020334

1. Entity Name
HAPPY HOUR NAILS PLACE, CORP.

Principal Place of Business	Mailing Address
1667 SW 107TH AVENUE MIAMI FL 33174	1667 SW 107TH AVENUE MIAMI FL 33174

2nd MOORE CR2E034 (4/07)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 20-2314094 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GONZALEZ, MONICA F 3011 SW 101 COURT MIAMI FL 33165	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] 8-24-07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
DUE BY September 5, 2007
Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the $400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is $150.00. ☐

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	PD GONZALEZ, MONICA F 3011 SW 101 COURT MIAMI FL 33165	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Gonzalez Monica F. 1667 SW 107 Ave Miami Fl 33165	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] 08-24-07 305 490 0803
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT 40131569

#P05000020334

ATTENTION TO. FLORIDA DEPARTMENT OF STATE

I WILL LIKE TO EXPLAIN IN WRITTEN THE PROBLEM, WITH MY TWO CORPORATION RENEWAL ONTIME. PLEASE HELP ME ON THE LATE FEE. FIRST I DID NOT RECEIVED THE FIRST LETTER OF RENEWAL ON MAIL, I KNOW IS MY RESPONSABILITE BUT I WAS WAITING FOR SEPTEMBER I WAS CONFUSED WITH MIAMI DADE COUNTY LICENSED AND THEN I RECEIVED THE NOTICE OF INTENT TO DISSOLVE I SEND BACK BY MAIL I RECEIVED ONLY ONE APPLICATION FOR HAPPY HOUR NAIL, STILL MISSING FOR STATEWIDE SERVICE CORP. THAT'S WHY I WENT SEND YOU THE APPLICATION WITH THE PAYMENT.

I WASENT ABLE TO RENEWAL BY ~~DAMTEK~~ NET MY COMPUTER IS BROKE, PLEASE IF YOU ARE ABLE TO HELP ME ON THE LATE FEE I APPREACIATE MY BUSSINESS IS NEW AND IT'S HARD THE FIRST 2 YEAR TO GET CLIENT.

THANK YOU VERY MUCH FOR YOUR HELP, PLEASE SEND ME THE APPLICATION FOR STATEWIDE SERVICE.

P06000034091
STATE WIDE SERVICE

II P05000020334
HAPPY HOUR NAIL SPACE

MONICA F. GONZALEZ