2006 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P05000091203

1. Entity Name MANICURES & MORE, INC. 1



Apr 28, 2006 8:00 am Secretary of State 04-28-2006 90190 044 ***150.00

				L 4472 TA 0 0
Principal Place of Business 3200 NORTH FEDERAL HIGHWAY 129		Mailing Address 3200 NORTH FEDERA 129	AL HIGHWAY	50017181
BOCA RATON	, FL 33431	BOCA RATON, FL 334	131	I KOUKOUL NA OGITA OKKI OUKI CONI OUKA OUKA UKAD KIAD KIAD KAKA SURU KIADI
2. Principal Place of Business		3. Mailing Address	•	-
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		4. FEI Number Applied For 20 - 3063217 Not Applicable
Zip	Country	· Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Curr	ent Registered Agent	Name	7. Name and Address of New Registered Agent
ANTHONY, VAZ 3200 NORTH FEDERAL HIGHWAY 54/7e 129 BOCA RATON, FL 33431				(P.O. Box Number is Not Acceptable)
	A Comment		City	FL Zip Code
	ons of registered agent	Vice President	4	ered agent, or both, in the State of Florida. I am familiar with, and accept ### 125/06 od when reinstating) DATE
FILI After Ma	Signature, liber or ported remains registered a E NOWILL FEE IS \$150.00 by 1, 2006 Fee will be \$55	9. Election Camp		5.00 May Be Ided to Fees
10.		ND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADORESS CHY-ST-ZIP	P PEGGY, FAVRO 3200 NORTH FEDERAL HIGI BOCA RATON, FL 33431	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. ANTHONY, VAZ 3200 NORTH FEDERAL HIGI BOCA RATON, FL 33431	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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
indicated of the corp	on this report or supplemental repo poration or the receiver or trustee e or on an attachment with an addre	ort is true and accurate and that mpowered to execute this report is, with all other like empowered	my signature shall have the tas required by Chapter 60 d.	ed in Chapter 119, Florida Statutes. I further certify that the information a same legal effect as if made under oath; that I am an officer or director 07, Florida Statutes; and that my name appears in Block 10 or Block 11 if