

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000089016

1. Entity Name
GLOSSY FINISH INC.



Principal Place of Business
104 SPRINGMOOR WAY
PONTE VEDRA BEACH, FL 32082

Mailing Address
104 SPRINGMOOR WAY
PONTE VEDRA BEACH, FL 32082

FILED
Sep 03, 2008 08:00 AM
Secretary of State



08292008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-5194245

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ARIAV, HAIM
104 SPRINGMOOR WAY
PONTE VEDRA BEACH, FL 32082

**DO NOT WRITE
IN THIS SPACE**

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.

000000958763
09/03/08-80002-001 150.00

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
ARIAV, HAIM
104 SPRINGMOOR WAY
PONTE VEDRA BEACH, FL 32082

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVT
ARIAV, JEANNE
104 SPRINGMOOR WAY
PONTE VEDRA BEACH, FL 32082

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/26/08

Date

904-280-8005

Daytime Phone #