

2008 FOR PROFIT CORPORATION ANNUAL REPORT

4/1

FILED
May 23, 2008 8:00 am
Secretary of State

04-18-2008 90041 049 ***150.00

DOCUMENT # P07000003600					
1. Entity Name SYLVANA'S NAILS INC.					
Principal Place of Business 301-174 STREET 2201 SUNNY ISLES, FL 33160			Mailing Address 301-174 STREET 2201 SUNNY ISLES, FL 33160		
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 20-3198778				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RODRIGUEZ, SILVANA A- 301-174 STREET 2201 SUNNY ISLES, FL 33160			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when remaining)					
DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			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	P	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	RODRIGUEZ, SILVANA A		NAME		
STREET ADDRESS	301-174 STREET SUITE 2201		STREET ADDRESS		
CITY-ST-ZIP	SUNNY ISLES, FL 33160		CITY-ST-ZIP		
TITLE	VP	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	EL HILON, HECTOR D		NAME		
STREET ADDRESS	301-174 STREET SUITE 2201		STREET ADDRESS		
CITY-ST-ZIP	SUNNY ISLES, FL 33160		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 authorized 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 and other like empowered.					
SIGNATURE: _____			5/14/08 (786) 587-6377		
SIGNATURE AND TYPE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

66011831



04142008 Chg-P CR2E034 (12/06)

FL Zip Code

9 AM TO 6 PM

ATTACHMENT

66011831

#P07000003600



Capture Date: 20080424 Sequence #: 5940591504

SYLVANA'S NAILS INC. 01-07 1302
301 174TH ST. NO. 2201
SUNNY ISLES, FL 33160
PH. 305-932-7899 305-932-2113

PAY TO THE ORDER OF FLORIDA DEPARTMENT OF STATE \$ 150.00
ONE HUNDRED FIFTY 00/100 DOLLARS

Bank of America
ACH R/T 003100277
FOR (TAXES)

10013021 061000047 898005848709 0000015000

DEPARTMENT OF STATE
FOR DEPOSIT ONLY
ACCT. # 1009068796
APR 18 2008

BANK OF AMERICA, NA JAX
10030000474 E3112 01 P01
04/24/08
5940591504

No Electronic Endorsements Found
No Payee Endorsements Found

ATTACHMENT

66011831

P07000003600

Bank of America



Bank Of America

Tue May 13 18:23:53 CDT 2008

SYLVANA'S NAILS INC
301-174 ST #2201
SUNNY ISLES , FL 33160

Dear Valued Customer:

Enclosed are the copies you recently requested.

To expedite the processing of your request, you may receive more than one package to complete your order.

If you have any questions, please call the number listed on your bank statement to speak with one of our Customer Service representatives.

Request #: 20080513000867

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Total Pages: 2

