

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000034845

FILED  
Jan 07, 2008  
Secretary of State

**Entity Name:** SUSAN'S NAILS CONCEPT AND SPA INC

**Current Principal Place of Business:**

859 MANDE CT  
SHALIMAR, FL 32579 US

**New Principal Place of Business:**

**Current Mailing Address:**

859 MANDE CT  
SHALIMAR, FL 32579 US

**New Mailing Address:**

**FEI Number:** 20-8666383

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MARANON, SUSANA  
859 MANDE CT  
SHALIMAR, FL 32579 US

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MARANON, SUSANA  
Address: 859 MANDE CT  
City-St-Zip: SHALIMAR, FL 32579 US

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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:** SUSANA MARANON

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01/07/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date