## **2008 FOR PROFIT CORPORATION** ANNUAL REPORT

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## **Secretary of State** 03-06-2008 90066 001 \*\*\*150.00 DOCUMENT # P07000072356 03-06-2008 90066 002 \*\*\*\*\*8.75 NAILS AND TOES SPA. INC. Principal Place of Business Mailing Address 66002532 4362 N. FEDERAL HWY 4362 N. FEDERAL HWY FT. LAUDERDALE, FL 33308 FT. LAUDERDALE, FL 33308 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02262008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VO, LOAN K 4362 N. FEDERAL HWY. Street Address (P.O. Box Number is Not Acceptable) FT. LAUDERDALE, FL 33308 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, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent aignature required when reinstating) DATE 30 FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE ☐ Change ☐ Addition VO, LOAN K NAME NAME STREET ADDRESS 4362 N. FEDERAL HWY. STREET ADDRESS CITY ST-ZIP FT. LAUDERDALE, FL 33308 CITY-ST-ZIP VP THIE Delete TITLE ☐ Change ☐ Addition NAME PHAM, TY NAME STREET ADDRESS 4362 N. FEDERAL HWY. STREET ADDRESS City-St-ZIP FT. LAUDERDALE, FL 33308 CITY-ST-ZIP THE ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-7/P ☐ Delete TÜLE 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 ITILE Change ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-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 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.

**FILED** Mar 06, 2008 8:00 am