2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000082026

Entity Name: UPTOWN NAIL SPA, INC.

WILLIAMS, CAMILLE

ORLANDO, FL 32854 US

P O BOX 540636

Name:

Address:

City-St-Zip:

FILED Mar 11, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
4341 EDGEWATER DRIVE							
1100 ORLANDO), FL 32804	US					
Current Mailing Address:				New Mailing Address:			
P O BOX 5 ORLANDO	540636), FL 32854	US					
FEI Number: 26-0662159 FEI Number Applied For			Applied For ()	FEI Number Not Appli	cable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and	Name and Address of New Registered Agent:		
6327 PINÉ	LYSANDER Y GLEN LAN), FL 32819	E US					
	named entity e of Florida.	submits this st	atement for the p	urpose of changing it	s registe	ered office or registered agent, or both,	
SIGNATUR	RE:						
	Electro	onic Signature o	f Registered Age	nt		Date	
Election Car	npaign Financi	ng Trust Fund Co	ntribution ().				
OFFICERS AND DIRECTORS:				ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PRES (HOLMES, ISA P O BOX 540 ORLANDO, FI	636		Title: Name: Address: City-St-Zip:		()Change ()Addition	
Title:	TRES () Delete		Title:	VPRE	(X) Change ()Addition	

Name:

Address:

City-St-Zip:

WILLIAMS, CAMILLE

ORLANDO, FL 32854 US

P O BOX 540636

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: CAMILLE L WILLIAMS VPRE 03/11/2008