2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2009
Secretary of State

DOCUMENT# P07000125255

Entity Name: NAILS ETC. CORP.

Current Principal Place of Business:

5084 BISCAYNE BLVD.
UNIT #104
MIAMI, FL 33137

New Principal Place of Business:

Current Mailing Address:

5084 BISCAYNE BLVD.
UNIT #104
MIAMI, FL 33137

New Mailing Address:

FEI Number: 45-0580635 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALVAREZ, ALBA L
671 NE 195TH ST.
#421 E
NORTH MIAMI, FL 33179 US

Name and Address of New Registered Agent:

MONTES, ALBA L
671 NE 195TH ST.
#421 E
NORTH MIAMI, FL 33179 US

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: ALBA L MONTES 02/23/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ALVAREZ, ALBA L
Address: 671 NE 195TH ST. #421E
City-St-Zip: NORTH MIAMI, FL 33179

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MONTES, ALBA L
Address: 671 NE 195TH ST. #421E
City-St-Zip: NORTH MIAMI, FL 33179

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: ALBA L MONTES P 02/23/2009
Electronic Signature of Signing Officer or Director Date