

# **2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P08000011504

**FILED**  
**Jun 23, 2010**  
**Secretary of State**

**Entity Name:** BEAUTIFULL NAILS & SPA BOUTIQUE, INC.

**Current Principal Place of Business:**

50 LEANNI WAY  
D-5  
PALM COAST, FL 32137 US

**New Principal Place of Business:**

**Current Mailing Address:**

50 LEANNI WAY  
D-5  
PALM COAST, FL 32137 US

**New Mailing Address:**

PO BOX 3151181  
PALM COAST, FL 32135 US

**FEI Number:** 26-1870928

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COSTA, CINDY  
50 LEANNI WAY  
D-5  
PALM COAST, FL 32137 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

**OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: CINDY, COSTA  
Address: P O BOX 351181  
City-St-Zip: PALM COAST, FL 32135 US

I hereby 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 all other like empowered.

SIGNATURE: CINDY COSTA

PD

06/23/2010

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

\_\_\_\_\_  
Date