## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P08000079063

190 LAS BRISAS CIR

HYPOLUXO, FL 33462

Address:

City-St-Zip:

**Entity Name: GROVEY NAILS INC** 

FILED Jan 12, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1034 GATEWAY BLVD. STE 109 BOYNTON BEACH, FL 33426 **New Mailing Address: Current Mailing Address:** 190 LAS BRISAS CIR HYPOLUXO, FL 33462 FEI Number: 35-2344955 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DUQUE, WILLIAM A HITE, ERICA M 190 LAS BRISAS CIR 190 LAS BRISAS CIR HYPOLUXO, FL 33462 US HYPOLUXO, FL 33462 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: ERICA HITE 01/12/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition HITE, ERICA M Name: Name: 190 LAS BRISAS CIR Address: Address: City-St-Zip: HYPOLUXO, FL 33462 City-St-Zip: Title: VΡ Title: () Delete () Change () Addition DUQUE, WILLIAM A Name: Name: 190 LAS BRISAS CIR Address: Address: HYPOLUXO, FL 33462 City-St-Zip: City-St-Zip: Title: SEC Title: (X) Delete () Change () Addition HITE, DEBBIE G Name: Name: 190 LAS BRISAS CIR Address: Address: City-St-Zip: HYPOLUXO, FL 33462 City-St-Zip: Title: **TRES** (X) Delete Title: () Change () Addition HITE, RONALD K Name: Name:

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.

Address:

City-St-Zip:

Ρ SIGNATURE: ERICA HITE 01/12/2009