

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000034207

**Entity Name:** FAITHFUL NAILS, INC.

**FILED**  
**Apr 23, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

390 NW 27TH AVE  
POMPANO BEACH, FL 33069

**New Principal Place of Business:**

**Current Mailing Address:**

390 NW 27TH AVE  
POMPANO BEACH, FL 33069

**New Mailing Address:**

10779 PAPERBARK PLACE  
BOYNTON BEACH, FL 33437

**FEI Number:** 27-2402689

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JOSEPH K. NOFIL, P.A.  
3284 NORTH STATE ROAD 7  
LAUDERDALE LAKES, FL 33319 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:** PTD  
**Name:** LAMAR, THELEMA  
**Address:** 390 NW 27TH AVE  
**City-St-Zip:** POMPANO BEACH, FL 33069

**Title:** VSD  
**Name:** LAMAR, BENITA  
**Address:** 390 NW 27TH AVE  
**City-St-Zip:** POMPANO BEACH, FL 33069

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:** THELEMA LAMAR

PTD

04/23/2012

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

\_\_\_\_\_  
Date