2006 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

CARHITA

Secretary of State **DOCUMENT # P94000010063** 01-09-2006 90035 016 ***150.00 **EXCLUSIVE NAILS & SKIN CARE, INC.** Principal Place of Business Mailing Address 1342 S. E. 17 STREET CAUSEWAY 1342 S. E. 17 STREET CAUSEWAY 40000385 FT LAUDERDALE, FL 33316 FT LAUDERDALE, FL 33316 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01032006 CR2E034 (11/05) Chg-P City & State 4. FEI Number Applied For City & State 65-0470108 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Ш Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CARMITA WASHING DONA, EDUARDO Street Address (P.O. Box Number is Not Acceptable) 1342 S. E. 17 STREET CAUSEWAY FT LAUDERDALE, FL 33316 1342 S.E. 175T City FORT LANDER DALE 8. 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. the obligations of registered agent. 9. Election Campaign Financing \$5.00 May Be FILE NOWILL FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete TITLE Change Addition PRESIDENT NAME DONA, EDUARDO CARHITA WASHING NAME STREET ADDRESS 1342 S. E. 17 STREET CAUSEWAY STREET ADDRESS 1342 S.E. 17 ST 33316 CITY-ST-ZIP FT LAUDERDALE, FL 33316 CITY-ST-ZIP FORT LAUDERDALE Delete TITLE ☐ Change ☐ Addition NILE NAME WASHING, CARHITA STREET ADDRESS 1342 SOUTHEAST 17 STREET CAUSEWAY STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33316 CITY-ST-ZIP Delete TITEE ☐ Chance TITLE ☐ Addition NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Delete IIILE ☐ Change ☐ Addition NAME MANG STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete □ Change TITLE TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Channe ☐ Addition NAME STREET ADDRESS STREET ADDRESS City-St-ZiP CITY-ST-7IP 12. I hereby certify that the Information supplied with this filling does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if

FILED

Jan 09, 2006 8:00 am