## **2005 FOR PROFIT CORPORATION ANNUAL REPORT**

SIGNATURE: 1

**FILED** Apr 13, 2005 08:00 AN tate

DOCUMENT # P94000010096  1. Entity Name NAILS BY LORRAINE, INC.						Secretary of St
Principal Plac 6943 W. 4Th HIALEAH, FL	1 AVE.	failing Address 6843 W. 4TH AVE. HIALEAH, FL 33014			II F BUTTS MIGIT A BITT A BYTH WHITE	STILL VILL STAN STAN STAN STAN STAN STAN
D	OO NOT WRITE I	CE	04092005 4. FEI Numb 65-048	No Chg-P	CR2E034 (10/03)  Applied For Not Applicable  \$8.75 Additional Fee Required	
OSES, EL 6675 W 4 / #118 HIALEAH,	AVE	DO NOT WRITE IN THIS SPACE				
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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and little if applicable. (NOTE. Registered Agent signature required when reinstating)  DATE  FILE NOW!!! FEE IS \$150.00  9. Election Campaign Financing \$5.00 May Be						
After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution.  10. OFFICERS AND DIRECTORS			☐ Ādd	i.00 May Be ied to Fees	04/13/05-	80085-014 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OSES, ELSA 6675 W 4 AVE APT #118 HIALEAH, FL 330126678					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WI	RITE
NAME STREET ADDRESS CITY-ST-ZIP				IN <sup>-</sup>	THIS SPA	ACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 changed, or on an attachment with an address with all other like empowered.  SIGNATURE:  Out of the corporation of 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 changed, or on an attachment with an address with all other like empowered.						