FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000040147 (7)**

1. Corporation Name

NAILS TO GO EMPORIUM, INC.

Principal Place of Business	Mailing Address
1331 NORTHEAST 26 AVENUE POMPANO BEACH FL 33062	1331 NORTHEAST 26 AVENUE POMPANO BEACH FL 33062

3. Date Incorporated or Qualified: 05/22/1995 — 3a. Date of Last Report: 1st

2. Principal Place of Business
21 5435 N. Federal Hwy
22 Suite, Apt. #, etc.
23 City & State: Ft. Lauderdale , FL
24 Zip: 33308 — 25 Country: Broward

2a. Mailing Address
26 P. O. Box 5947
27 Suite, Apt. #, etc.
28 City & State: Ft. Lauderdale, FL
29 Zip: 33310 — 30 Country: Broward

4. FEI Number: 65-0582069 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title of officer or director (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	LA SALA, ALICIA M		1.2 NAME		
STREET ADDRESS	1331 NORTHEAST 26 AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL 33062		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE	P	☒ Change ☐ Addition
NAME	MITCHELL, DAINA E		2.2 NAME	Michell-Rodriguez, Daina	
STREET ADDRESS	1331 NORTHEAST 26 AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL 33062		2.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	SANTA MARIA, THOMAS F		3.2 NAME		
STREET ADDRESS	~~1331 NORTHEAST 26 AVENUE~~		3.3 STREET ADDRESS	1451 W. Cypress Creek Rd	
CITY-ST-ZIP	~~POMPANO BEACH FL 33062~~		3.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33309	
TITLE		☐ DELETE	4.1 TITLE	VP	☐ Change ☒ Addition
NAME			4.2 NAME	Rodriguez Jose	
STREET ADDRESS			4.3 STREET ADDRESS	1331 N.E. 26 Ave	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Pompano Beach, FL 33062	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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CC 5/28/96

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE Daina Michell-Rodriguez — 5-22-96 — 964 772-1771
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #