

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P95000042039

1. Entity Name
FANTASY NAILS - SKIN CARE & HAIR CUT UNISEX, INC.



Principal Place of Business
11300 NW 87 CT
UNIT 107
HIALEAH GARDENS, FL 33016

Mailing Address
11300 NW 87 CT
UNIT 107
HIALEAH GARDENS, FL 33016

DO NOT WRITE IN THIS SPACE

**FILED
May 06, 2005 8:00 am
Secretary of State**

05-06-2005 90101 043 ***150.00

50050342



05022005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-05855580	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PONS, MIRTHA A
11300 NW 87 CT
UNIT 107
HIALEAH GARDENS, FL 33016

**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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P.S
NAME	PONS, MIRTHA A
STREET ADDRESS	11300 NW 87 CT UNIT 107
CITY-ST-ZIP	HIALEAH GARDENS, FL 33016

TITLE	VP,T
NAME	LOUZADO, ELIO A
STREET ADDRESS	42 EAST 58 STREET
CITY-ST-ZIP	HIALEAH, FL 33013

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/05

Date

Daytime Phone #