

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000042039

FILED
Sep 01, 2007
Secretary of State

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

Current Principal Place of Business:

11300 NW 87 CT
UNIT 107
HIALEAH GARDENS, FL 33016

New Principal Place of Business:

11300 NW 87 CT
UNIT 107
HIALEAH GARDENS, FL 33018

Current Mailing Address:

11300 NW 87 CT
UNIT 107
HIALEAH GARDENS, FL 33016

New Mailing Address:

11300 NW 87 CT
UNIT 107
HIALEAH GARDENS, FL 33018

FEI Number: 65-0585580

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

PONS, MIRTHA A
11300 NW 87 CT
UNIT 107
HIALEAH GARDENS, FL 33018 US

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: MIRTHA A PONS

09/01/2007

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P,D () Delete
Name: PONS, MIRTHA A
Address: 11300 NW 87 CT UNIT 107
City-St-Zip: HIALEAH GARDENS, FL 33016

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P,D (X) Change () Addition
Name: PONS, MIRTHA A
Address: 11300 NW 87 CT UNIT 107
City-St-Zip: HIALEAH GARDENS, FL 33018

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MIRTHA A PONS

P D

09/01/2007

Electronic Signature of Signing Officer or Director

Date