

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 10, 2003 8:00 am**  
**Secretary of State**

04-10-2003 90114 016 \*\*\*150.00

DOCUMENT # *P-95000042039*

1. Entity Name

*FANTASY NAIL & SKIN CARE INC*



**DO NOT WRITE IN THIS SPACE**

**70036584**

2. Principal Place of Business

*11300 NW 87 CT*

Suite, Apt. #, etc.

*UNIT 107*

City & State

*HIWALEAH GARDENS, FL*

3. Mailing Address

*11300 NW 87 CT*

Suite, Apt. #, etc.

*UNIT 107*

City & State

*HIWALEAH GARDENS, FL*

DO NOT WRITE IN THIS SPACE

4. FEI Number

*65-0585580*

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

*11300 NW 87 CT UNIT 107*

City

*Hiwaleah GARDENS*

FL

Zip Code

*33018*

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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]*

*Alicia Vigoa, President*

*4/4/03*

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution

**\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

OFFICER/DIRECTOR	NAME	STREET ADDRESS	CITY-STATE-ZIP
PRESIDENT	<i>Alicia Vigoa</i>	<i>11300 NW 87 CT UNIT 107</i>	<i>Hiwaleah Gardens FL 33018</i>
VICE PRESIDENT	<i>Angel Vigoa</i>	<i>11300 NW 87 CT UNIT 107</i>	<i>Hiwaleah Gardens FL 33018</i>
SECRETARY			
TREASURER			
OTHER OFFICER/DIRECTOR			

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate, and that the signatories 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; employees who prepare the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like employees.

SIGNATURE:

*Alicia Vigoa, President 4/4/03 (305) 828 6628*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2ED034B (12/02)