2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000066451

FILED Jan 12, 2004 Secretary of State

Entity Name: CUSTOM NAILS/MANICURE PLUS, INC. **Current Principal Place of Business: New Principal Place of Business:** 16103 VILLAREAL DE AVILA 16103 VILLARREAL DE AVILA TAMPA, FL 33613 TAMPA, FL 33613 **Current Mailing Address: New Mailing Address:** P.O. BOX 370043 TAMPA, FL 33697 33 FEI Number: 59-3343359 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PAGLIARULO, BETHANY PAGLIARULO, BETHANY 16103 VILLAREAL DE AVILA 16103 VILLARREAL DE AVILA TAMPA, FL 33613 TAMPA, FL 33613 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: 01/12/2004 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition PAGLIARULO, ROCCO Name: Name: P.O. BOX 370043 Address: Address: City-St-Zip: TAMPA, FL City-St-Zip: Title: Title: () Change () Addition () Delete Name: PAGLIARULO, BETHANY Name: P. O. BOX 370043 Address: Address: TAMPA, FL City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutés. 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.

Ρ SIGNATURE: BETHANY PAGLIARULO 01/12/2004