


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000072391 1. Entity Name NAILS FASHION, INC.	
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Principal Place of Business 7795 W. FLAGLER STREET SUITES 39-41 MIAMI, FL 33144	Mailing Address 7795 W. FLAGLER STREET SUITES 39-41 MIAMI, FL 33144
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DO NOT WRITE IN THIS SPACE

FILED
05 SEP 19 PM 12:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08172005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0694880	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

KNAPP-MIRANDA, EVELYN
11350 SW 42ND ST
MIAMI, FL 33165

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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, 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. <input type="checkbox"/> \$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.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KNAPP-MIRANDA, EVELYN 11350 SW 42ND ST MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MIRANDA-KNAPP, ALEJANDRO 7124 S.W. 132 CT. MIAMI, FL 33183
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MIRANDA-KNAPP, CARLOS A 16746 S.W. 51 ST. MIRAMAR, FL 33027
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

700059746327
09/19/05--01054--002 **150.00

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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)(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: Evelyn Knapp-Miranda 9-1-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #