

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000026321

**FILED**  
**Jun 28, 2010**  
**Secretary of State**

**Entity Name:** FLORIDA SCULPTURED NAILS, INC.

**Current Principal Place of Business:**

3202 NE 2ND AVE  
MIAMI, FL 33137 US

**New Principal Place of Business:**

**Current Mailing Address:**

3202 NE 2ND AVE  
MIAMI, FL 33137 US

**New Mailing Address:**

**FEI Number:** 59-2314434      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PORTES, MARTINA  
600 NE 25TH ST APT 32  
MIAMI, FL 33137 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

**Title:** PTD  
**Name:** PORTES, MARTINA  
**Address:** 600 NE 25TH ST APT 32  
**City-St-Zip:** MIAMI, FL 33137

I hereby 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 all other like empowered.

SIGNATURE: MARTINA PORTES

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

PTD

06/28/2010

\_\_\_\_\_ Date