

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Jul 28, 1999 8:00 am
Secretary of State

07-28-1999 90007 014 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P970000048864**

1. Corporation Name

Pamper Me! Hair and Nails, Inc.

59/226 - 90007 - 14

Principal Place of Business

**1920 E. Holladay Bch. Blvd.
Suite # 638
Holladay, Fl. 33009**

Mailing Address

**1680 NE 191 St.
Apt. # 110
N.M.B. Fl. 33179
c/o D'Angelo**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

6-2-1997

4. FEI Number

65-0767949

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

**21 1920 E. Holladay Bch. Blvd.
Suite # 638**

2a. Mailing Address

**26 1680 NE 191 St.
Apt. # 110**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Holladay, Fl.

28 N.M.B., Fl.

Zip Country
24 33009 25 USA

Zip Country
29 33179 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**Melissa D'Angelo
1680 NE 191 St. #110
N.M.B. Fl, 33179**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President <input type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Melissa D'Angelo	1.2 NAME	Melissa D'Angelo (Address)
STREET ADDRESS	1680 NE 191 St. #110	1.3 STREET ADDRESS	1680 NE 191 St. #110
CITY-ST-ZIP	NMB, Fl, 33179	1.4 CITY-ST-ZIP	NMB, Fl, 33179
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Melissa D'Angelo President 7-19-99 305-940-8023**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

PA7000048864
SA7226-90007-14
7-19-99

Division of Corporations

STON 42519

To Whom It May Concern:

22510004 22510004 22510004 22510004

OUT 21510004 22510004 22510004 22510004
Enclosed is the Annual Report
for Pampor Mill Hardware Nails, Inc.

I had called and requested a new
form, because the one I had originally
filed was lost in the mail. I called
the Post Office to put a search on
it and it was not found. I since
then put a stop payment on the
original check.

I spoke to two people at your
office. (Kristen and Steve). They
sent me this new form and told
me to resend it. I am sending
it certified mail, so I know it was
received and to avoid any other
delays. A new check is enclosed.
I hope the form is filled out correct.
I did not have a pre-printed one
this time. Thank you so much for
your assistance in this matter. I
apologize for the delay.

Nelisa D'Angelo - President.