## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Feb 05, 2007 08:00 AM **DOCUMENT # P97000066456 Secretary of State** 1. Entity Name NAILS BY KATHY, INC. Principal Place of Business Mailing Address 12515 S DIXIE HWY 12515 S DIXIE HWY MIAMI, FL 33156 MIAMI, FL 33156 No Chg-P CR2E034 (11/05) 01232007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0772490 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WORTON, MARY K DO NOT WRITE 12515 S DIXIE HWY MIAMI, FL 33156 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 (NQTE; Registered Agent signature regulred when reinstating) 9. Election Campaign Financing \$5.00 May Be U000000622934 FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution Added to Fees 02/13/07-80043-025 150.00 OFFICERS AND DIRECTORS 10. D TITLE WORTON, MARY K NAME STREET ADDRESS 16600 SW 276 STREET CITY-ST-7IP HOMESTEAD, FL 33031 TITLE NAME STREET ADDRESS CITY-ST-ZIP DITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TIT) F NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP

**FILED** 

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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: Mary Signature and Types on Printed Name of Signing Officer on Director 131/07 3

TITLE
NAME
STREET ADDRESS