

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 21, 2004 8:00 am
Secretary of State

07-21-2004 90028 007 ***150.00

DOCUMENT # P98000057200

1. Entity Name
THE NAIL & SKINCARE SPA, INC.



Principal Place of Business
**8018 8020 NW 154TH STREET
MIAMI LAKES, FL 33016**

Mailing Address
**8018 8020 NW 154TH STREET
MIAMI LAKES, FL 33016**

44049294



07142004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-2401437

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required.**

6. Name and Address of Current Registered Agent

~~GUERRA-SUAREZ, A. ELIZABETH
298 ALHAMBRA CIRCLE
SUITE 203
CORAL GABLES, FL 33134~~

**Carmen Elias-Levenson
5779 NW 151 Street
Suite 221
Miami Lakes, FL
33014**

**DO NOT WRITE
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

Carmen Elias-Levenson **Carmen Elias-Levenson** **7/15/2004**
(NOTE: Registered Agent signature required when reinstating.) DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS PUENTES, MARTHA B 8020 NW 154TH STREET 8018 NW 154TH STREET MIAMI LAKES, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/2004 **305-828-8300**
Date Daytime Phone #

Attachment
Carmen Elias-Levenson, CPA, PA
5979 NW 151 Street
Suite 221
Miami Lakes, FL 33014

44049294

July 14, 2004

Florida Department of Revenue
Division of Corporations
P. O. Box 6198
Tallahassee, FL 32314

RE: The Nail & Skincare Spa, Inc.
EIN# 58-2401437
Doc# P98000057200
2004 Annual Report

Dear Sir or Madam:

Enclosed please find the completed 2004 Annual Report for the above referenced taxpayer together with the company's check in the amount of \$ 150.00.

I have recently been engaged as the accountant for The Nail & Skincare Spa, Inc. While in the process of the initial review the accounting records for the current year, it came to my attention that the annual report fee had not been paid. After researching the status of the account on your website and discussing this with the taxpayer it became apparent that the report had not been filed and the fee had not been paid. The taxpayer moved their location earlier this year and did not receive the notification that the report was due. Upon realizing the oversight, we are immediately submitting the report together with payment in an effort to correct this oversight.

Based on the above information and circumstances, we respectfully request that any late filing penalties be abated and that you accept the enclosed report and payment as timely filed.

We thank you for your attention to this matter and please feel free to contact our office if you have any questions or if we can be of any further assistance in the matter.

Sincerely,



Carmen Elias-Levenson, CPA