## 2007 FOR PROFIT CORPORATION

## Apr 09, 2007 08:00 A Secretary of State **ANNUAL REPORT** DOCUMENT # P99000002403 1. Entity Name MARY'S NAIL HUT, INC. Principal Place of Business Mailing Address 2648 WILSON ST P.O. BOX 223592 HOLLYWOOD, FL 33020-1953 HOLLYWOOD, FL 33022-3592 01302007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0886563 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent HELLWIG, MARY DO NOT WRITE 2648 WILSON ST HOLLYWOOD, FL 33020-1953 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS DPS TITLE HELLWIG, MARY NAME STREET ADDRESS 2648 WILSON ST ~:U00000696381 CITY-ST-ZIP HOLLYWOOD, FL 330201953 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filing 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_

STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP

Daytima Phone #

**FILED**