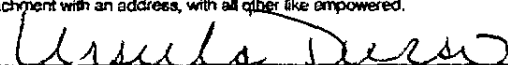


Apr 29 04 10:13a

Peter Rudolph, CPR

9549461067

FILED^{B-2}May 07, 2004 08:00 AM
Secretary of State**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000047210		
1. Entity Name NO NONSENSE NAILS, INC.		
Principal Place of Business 7720-A NW 56 WAY A POMPANO BEACH, FL 33073		Mailing Address 7720-A NW 56 WAY A POMPANO BEACH, FL 33073
DO NOT WRITE IN THIS SPACE		
		03132004 No Chg-P CR2E034 (10/03)
4. FEI Number 65-0821529		Applied For Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
DURSO, URSULA 7651 NORTHTREE WAY LAKE WORTH, FL 33467		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:  Signature, typed or printed name of registered agent and title, if applicable.		DATE: 4/29/04 (NOTE: Registered Agent signature required when reappointing)
FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	P	
NAME	PURSO, URSULA	
STREET ADDRESS	7651 NORTHTREE WAY	
CITY- ST- ZIP	LAKE WORTH, FL 33467	
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
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		DATE: 4/29/04 Daytime Phone is