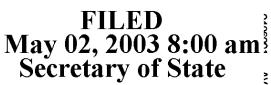
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

STREET ADDRESS CITY-ST-ZIP



DOCUMENT # P99000075717 1. Entity Name LUSTING NAILS, INC.				.	05-02-2003 90359 026 ***150.00		
Principal Place of Business 9142 GLADES ROAD BOCA RATON FL 33434		Mailing Address 9142 GLADES ROAD BOCA RATON FL 33434					
2. Principal F	Place of Business	3. Mailing Address				10(1 104) 104)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES			_
City & State		City & State		65-1944833		plied For t Applicable	
Zip	Country	Zip	Country		B.75 Add	itional	
	6. Name and Address of Current I	Registered Agent		7. Name and Address of New Registered Ag	ent		1
CDIECEL & LEDEDA DA			Name Gu	Name GLORIA E. ST. GERMAINE			
SPIEGEL & UTRERA, P.A.			Street Address	roet Address (P.O. Box Number is Not Acceptable) 22257 MARTELLA HVENUE			
343 ALMERIA AVENUE CORAL GABLES FL 33134			662	13 7 MARTELLA AVENUE		***	ł
CURAL G	MDLES FL 33134		City. 4		Zio Code		ļ
4	;			A TRAZON FL	Zip Code	33433	`
8. The above the obligation	e named entity submits this statement for tions of registered agent.	the purpose of changing its re	egistered office or regist	ered agent, or both, in the State of Florida. I am fan	niliar with,	and accept	
•	all Coll	200000	and I CT	GERMAINE - PRESIDENT C	احطاب	/	
SIGNATURE	Signature, typed or printed name of registered agent a		Registered Agent signature requir		14/201	<u> </u>	
F	FILE NOW!!! FEE IS \$150.00					_	
Afte	r May 1, 2003 Fee will be \$550.00	State		9. Election Campaign Financing Trust Fund Contribution.		0 May Be to Fees	
	k Payable to Florida Department of OFFICERS AND I		11.	ADDITIONS/CHANGES TO OFFICERS AND D	IDECTOR	2 INI 11	}
10. TITLE	PD OFFICERS AND I	Delete	TITLE		Change	Addition	2
NAME	ST. GERMAINE, GLORIA E	L Delete	NAME	_	Onlinge	[/ ROURION	CR2E034 (10/02
STREET ADDRESS	9142 GLADES ROAD		STREET ADDRESS				34 (
CITY-ST-ZIP	BOCA RATON FL 33434		CITY-ST-ZIP				딡
TITLE	VD	☐ Delete	TITLE NAME		Change	☐ Addition	ដ
NAME STREET ADDRESS	LEDESMA, RODOLFO C 9142 GLADES ROAD		STREET ADDRESS				
CITY-ST-ZIP	BOCA RATON FL 33434		CITY-ST-ZIP			II.	
TITLE	TD	☐ Delete	TITLE		Change	☐ Addition	
NAME				Ļ			
	ST. GERMAINE, JEAN-PAUL		NAME	Ĺ	_ ,		
STREET ADDRESS	9142 GLADES ROAD		STREET ADDRESS	L	_		_
CITY-ST-ZIP			STREET ADDRESS			☐ Addition	 =
CITY-ST-ZIP TITLE	9142 GLADES ROAD	☐ Delete	STREET ADDRESSCITY=ST=ZIP TITLE		Change	Addition	ئ
CITY-ST-ZIP	9142 GLADES ROAD	☐ Delete	STREET ADDRESS			☐ Addition	=
CITY-ST-ZIP TITLE NAME	9142 GLADES ROAD	☐ Delete	STREET ADDRESSCITY: ST: ZIP TITLE NAME			☐ Addition	
CITY-ST_ZIP TITLE NAME STREET ADDRESS	9142 GLADES ROAD	☐ Delete	STREET ADDRESSCITY: ST:= ZIP TITLE NAME STREET ADDRESS			☐ Addition	 =
CITY_ST_ZIP_ TITLE NAME STREET ADDRESS CITY_ST_ZIP TITLE NAME	9142 GLADES ROAD		STREET ADDRESS _CITY=ST=ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME				
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CITY_ST_ZIP_ TITLE NAME STREET ADDRESS CITY_ST_ZIP TITLE NAME	9142 GLADES ROAD		STREET ADDRESS _CITY=ST=ZIP 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 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.

STREET ADDRESS

CITY-ST-ZIP

GUIDANEST. GERMAINE - PRESIDENT 04/20/03 (954)977-9292 SIGNATURE: