

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 15, 2008 8:00 am
Secretary of State

04-02-2008 90039 031 ***150.00

DOCUMENT # P99000090610

1. Entity Name
TRUSTNAILS PRODUCTS, INC.



Principal Place of Business
**23249 BARWOOD LN
#307
BOCA RATON FL 33428**

Mailing Address
**23249 BARWOOD LN
#307
BOCA RATON FL 33428**

66010683



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
City & State

Zip Country Zip Country

4. FEI Number **65-0958520**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**BOREK, LEOKADIA
23249 BARWOOD LANE #307
BOCA RATON FL 33428**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 *Leokadia Borek* **1-31-08**
Signature typed or printed name of registered agent (must be in all caps) (NOTE: Registered Agent signature required when changing) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	☐ Delete		TITLE		☐ Change ☐ Addition	
NAME	BOREK, LEOKADIA			NAME			
STREET ADDRESS	23249 BARWOOD LN #307			STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33428			CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Leokadia Borek* **04/23/08**
Signature typed or printed name of signing officer or director Date Day, mo, Year