2008 FOR PROFIT CORPORATION ANNUAL REPORT

5-

SIGNATURE AND DIEED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED May 05, 2008 8:00 am Secretary of State

Daytime Phone #

ANNUAL KEPUKI				-		ij di S	
DOCUMENT # S14172 1. Entity Name					05-05-2008 9	90473 001 ***3	00.00
CINDY L	EE'S FACIAL AND NAIL INS	ITTUTE INC.					
Principal Plac	e of Business	Mailing Address] .			
534 N PENII		534 N PENINSULA DR		660095	590		
DAYTONA BO	CH, FL 32118 US	DAYTONA BCH, FL 32118	US	 	 	INIK PINIT NEMIK NINIT DINIT NE	3 13 :15
* 1							
_	A NOT WOITE	IN THE CO	A-	04212008	No Chg-P	CR2E034 (11/05)	ı
L	O NOT WRITE	IN IMIS SPA	NUE	4. FEI Number 59-3054		⊢- +-	pplied For lot Applicable
					of Status Desired	□ \$8.75 Ad Fee Require	
5. Name and Address of Current Registered Agent							
NILES, CI		e gran		האלי	NOT W	DITE *	
	NINSULA DR A BEACH, FL 32118	•••		- A			* *
	**************************************			IN T	HIS SP	ACE	1996 1996 - Santa Barrier
7.	1			1.14 ·	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
the obliga	a named entity submits this statement for tions of registered agent.	the purpose of changing its regist	ered office or registe	red agent, or both	n, in the State of Flori	da. I am tamiliar with	, and accept
SIGNATURE Signature. typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
		(NO.E. Hoggs	ereo Agant signature redone	o where ensuring)		DATE	
After M	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.0			.00 May Be led to Fees			
10.	OFFICERS AND D	DIRECTORS		Total State			A**
TITLE NAME	PDST NILES, CINDY LEE		ligar.				
STREET ADDRESS	534 NORTH PENINSULAR DRIVE						
CITY-ST-ZIP	DAYTONA BEACH, FL 32118						
TITLE NAME		733					4
STREET ADDRESS			* 3	e Page			
CITY-ST-ZIP						<u>ۦؙؖڰؙڣڂڴڐۣؖۻڣ</u>	بهدست
NAME							<u> </u>
STREET ADDRESS			the state of the state of		NOT W		
CITY-ST-ZIP				- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	NOT WI	. W	
TITLE NAME				TIM	HIS SP	ACE *	
Street Address				1			
CITY-ST-ZIP							
NAME					2.5		
STREET ADDRESS CITY-ST-ZIP			in the state of				6.27 3333
TITLE							
NAME							
STREET ADDRESS CITY-ST-ZIP							,
	Lendify that the information sumflied with	his filing does not qualify for the	exemptions contained	Lin Chanter 110	Florido Provincia	ather and the	at * · · · · · ·
indicated of the cor changed	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor or on an attachmed with arrangless, w	rue and accurate and that my sign verea to execute this report as recipled to the rike expowered.	nature shall have the juired by Chapter 607	same legal effect 7, Florida Statutes	as if made under oa ; and that my name i	riner certify that the i th; that I am an office appears in Block 10 o	niormation r or director ir Block 11 if