

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90061 046 ***150.00

DOCUMENT # S48408

1. Entity Name

NAIL MAGIC OF BROWARD, INC.



Principal Place of Business

35 NORTH FEDERAL HIGHWAY
POMPANO BEACH FL 33062

Mailing Address

35 NORTH FEDERAL HIGHWAY
POMPANO BEACH FL 33062

2. Principal Place of Business

Nail Magic ✓

3. Mailing Address

Same

Suite, Apt. #, etc.

6318 N. Powerline Rd

Suite, Apt. #, etc.

Same

City & State

FT. Lauderdale, FL

City & State

Same

Zip

33309

Country

USA

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number

65-0255651

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PAZIN, MELISSA
340 S.E. 13TH AVENUE
POMPANO BEACH FL 33060

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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 NAME STREET ADDRESS CITY-ST-ZIP	P PAZIN, MELISSA M. 340 SE 13TH AVE. POMPANO BEACH FL	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/04 (954) 772-9982

Date

Daytime Phone #