2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2004 8:00 am
Secretary of State

07-12-2004 90017 047 ***550.00

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DOCUMENT # P03000000067

1. Entity Name
UTOPIA NAIL AND SPA, INC.

Principal Place of Business	Mailing Address
4852 DAVIS BLVD. NAPLES, FL 34104	4852 DAVIS BLVD. NAPLES, FL 34104

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

07012004 Chg-P CR2E034 (10/03)

4. FEI Number 65-1180554 — 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
DANG, BI 342 OSPREY LANDING, APT. 2103 NAPLES, FL 34104	Name: Dang, Bi Q Street Address (P.O. Box Number is Not Acceptable): 3725 Ashley Ct City: Naples FL 34116 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 X [signature] X 7/7/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

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	☑ Change ☐ Addition	PD
NAME	DANG, BI Q		Dang, Bi Q
STREET ADDRESS	342 OSPREY LANDING, APT. 2103		3725 Ashley Ct
CITY-ST-ZIP	NAPLES, FL 34104		Naples FL 34116
TITLE	☐ Delete	☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	☐ Delete	☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	☐ Delete	☐ Change ☐ Addition	
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NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	☐ Delete	☐ Change ☐ Addition	
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: X [signature] X 7/7/04 X 239-298-9555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #