

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008


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FILED
Mar 27, 2008 8:00 am
Secretary of State

02-05-2008 90028 007 ***143.75

DOCUMENT # L03000012952

1. Entity Name
PARIS NAILS LLC



Principal Place of Business Mailing Address
4510 NORTHWEST 183RD STREET **4510 NORTHWEST 183RD STREET**
MIAMI FL 33055 **MIAMI FL 33055**

2. Principal Place of Business - No P.O. Box 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **05-0564636** Applied For Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
SPIEGEL & UTRERA, P.A.
1840 SOUTHWEST 22 STREET
4TH FLOOR
MIAMI FL 33145

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 _____
Signature, Name and Title of Registered Agent and the Filing Office NOTE: Registered Agents are required to file this statement Date

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

MGR => Manager

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR TIEN VAN, VINH <i>→ VINH T</i> <input type="checkbox"/> Delete 4510 NORTHWEST 183RD STREET MIAMI FL 33055	TITLE NAME STREET ADDRESS CITY - ST - ZIP	NHUNG THI MY TRUONG <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4510 N.W 183rd St Miami FL 33055
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the registered or trustee employee who prepare this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____ *Nhung* Date: **2/27/08** **2/20/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OFFICER, OR AUTHORIZED REPRESENTATIVE Date Page 6 of 6