

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000058288

Entity Name: MARIA NAILS 2, LLC

FILED
Aug 31, 2005
Secretary of State

Current Principal Place of Business:

7627 S. ORANGE BLOSSOM TRAIL
ORLANDO, FL 32809 US

New Principal Place of Business:

Current Mailing Address:

7627 S. ORANGE BLOSSOM TRAIL
ORLANDO, FL 32809 US

New Mailing Address:

2369 BRIDGEWOOD TRAIL
ORLANDO, FL 32818 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

LAM, LIEM H P
2369 BRIDGE WOOD TRAIL
ORLANDO, FL 32818 US

Name and Address of New Registered Agent:

LAM, LIEM H P
2369 BRIDGEWOOD TRAIL
ORLANDO, FL 32818 US

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.

SIGNATURE:

08/31/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BUI, BOBBY V VP
Address: 2369 BRIDGE WOOD TRAIL
City-St-Zip: ORLANDO, FL 32818 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BUI, BOBBY V VP
Address: 2369 BRIDGEWOOD TRAIL
City-St-Zip: ORLANDO, FL 32818 US

Title: MRG () Change (X) Addition
Name: LAM, LIEM H
Address: 2369 BRIDGEWOOD TRAIL
City-St-Zip: ORLANDO, FL 32818 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: LIEM H. LAM

MGR

08/31/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date