

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000073428

Entity Name: NAILS XPRESS LLC

FILED
Mar 05, 2007
Secretary of State

Current Principal Place of Business:

300 MARY ESTHER BLVD
#52
MARY ESTHER, FL 32569

New Principal Place of Business:

Current Mailing Address:

300 MARY ESTHER BLVD
#52
MARY ESTHER, FL 32569

New Mailing Address:

FEI Number: 01-0821764

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NGUYEN, THONG N
1187 CATHRIDGE TRACE
FORT WALTON BEACH, FL 32547 US

Name and Address of New Registered Agent:

NGUYEN, THONG N
797 BARLEY PORT LANE
FORT WALTON BEACH, FL 32547 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: THONG NGUYEN

03/05/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: NGUYEN, THONG N
Address: 1187 CATHRIDGE TRACE
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: MGRM () Delete
Name: NGUYEN, SELINA H
Address: 1187 CATHRIDGE TRACE
City-St-Zip: FORT WALTON BEACH, FL 32547

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: NGUYEN, THONG N
Address: 797 BARLEY PORT LANE
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: MGRM (X) Change () Addition
Name: NGUYEN, SELINA H
Address: 797 BARLEY PORT LANE
City-St-Zip: FORT WALTON BEACH, FL 32547

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: THONG NGUYEN

MGRM

03/05/2007

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