2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 14, 2006 8:00 am
Secretary of State
05-08-2006 90041 017 ****50.00

DOCUMENT # L05000067303

1. Entity Name
AMERICAN NAILS BY VANESSA LLC

Principal Place of Business	Mailing Address
4957 COCONUT CREEK PARKWAY COCONUT CREEK FL 33063	4957 COCONUT CREEK PARKWAY COCONUT CREEK FL 33063

1st MOORE CR2E083 (10/05)

2. Principal Place of Business	3. Mailing Address
4957 Coconut Creek Pwky Suite, Apt. #, etc.	4957 Coconut Creek Pwky. Suite, Apt. #, etc.
City & State: Coconut Creek, FL	City & State: Coconut Creek, FL.
Zip: 33063 Country: USA	Zip: 33063 Country: USA

4. FEI Number 550903654 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

TRAN, HIEN
2105 NW 49TH AVENUE
COCONUT CREEK FL 33063

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HO, VAN T.T. 2105 NW 49TH AVENUE COCONUT CREEK FL 33063	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Hien Van Tran 4-28-2006 (954)420 0949
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #