



**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000029014 1. Entity Name HAPPY NAILS INC.	
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Principal Place of Business 1089 A1A BEACH BLVD. ST AUGUSTINE BCH, FL 32080	Mailing Address 1089 A1A BEACH BLVD. ST AUGUSTINE BCH, FL 32080
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DO NOT WRITE IN THIS SPACE

	
03152004 No Chg-P CR2E034 (10/03)	
4. FEI Number 59-3721671	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NGUYEN, HOAN CONG
1089 A1A BCH BLVD
ST AUGUSTINE BCH, FL 32080

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P NGUYEN, HOAN C 4957 GREENLAND HIWAY DR.N. JACKSONVILLE, FL 32258
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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04/12/04-80031-022 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  7/4/04 (904) 982-5898
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #