

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 07, 2008 8:00 am
Secretary of State

08-07-2008 90063 034 ***150.00

DOCUMENT # P01000029014

1. Entity Name
HAPPY NAILS INC.



Principal Place of Business
**1089 A1A BEACH BLVD.
ST AUGUSTINE BCH, FL 32080**

Mailing Address
**37111 HARBOUR VISTA CIR
ST AUGUSTINE BCH, FL 32080**

DO NOT WRITE IN THIS SPACE



07242008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3721671

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **NGUYEN, HOAN C**
STREET ADDRESS **37111 HARBOUR VISTA**
CITY - ST - ZIP **SAINT AUGUSTINE, FL 32080**

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/09/08 (904) 982-5898
Date Daytime Phone #