2004 FOR PROFIT CORPORATION ANNUAL REPORT

(P)

5/3/20

FILED Jul 02, 2004 8:00 am Secretary of State

05-03-2004 90738 002 ***150.00

DOCUMENT # P01000044207 NAIL PRO BEAUTE SPA, INC. Principal Place of Business Maillna Address 66429349 10300 W. FOREST HILL BLVD. 10300 W. FOREST HILL BLVD. WELLINGTON, FL :33414 WELLINGTON, FL 33414 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. CR2E034 (10/03) 04282004 Chg-P Applied For City & State 4. FEt Number City & State 65-1101651 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6." Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TRUONG, MAGGIE DALY 11211 LAUREL WALK DRN Sweet Address (P.O. Box Number is Not Acceptable) WILLINGTON, FL 33414 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. (NOTE: Registered Agent signature required when remasting) FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 -\$5:00 May Be 9. Election Campaign Financing Trust Fund Contribution. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1] THUONG HO, VIEL PEOP Change X Modition TITLE TITLE TRUONG, MAGGIE DALY 3 NAME NAME 130141 FOLKSTONECIR 13716 YARMOUTH DR. STREET ADDRESS STREET ADDRESS WELLINGTON, FL 33414 CiTY-ST-ZP CITY-ST-78 TITLE ☐ Delete IME NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP THE Change Addition TILE ☐ Delete NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 01Y-S1-2P TITLE TITLE ☐ Change Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE ☐ Change Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP MLE Delete TUTE Change Addition NAME STREET ADDRESS STREET ACCRESS CITY-ST-2P CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 eath, 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 changed, or on an attachment with an address, with all other like empowered.

TRUONS MAGGIE ML SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNS

Hachment 66429349 # P01000044207

Nail Pro Beautè Spa 10300 W. Forest Hill Blvd. Suite 149 Wellington, FL 33414 561-333-7878

June 25, 2004

Florida Department of State Division of Corporation P.O. BOX 1500 Tallahassee, FL 3230-1500

Dear Sir/Madam,

I am returning the annual report/uniform business report with the necessary corrections. I didn't receive the letter on the day stated but a week after that. For this reason, I didn't understand what the letter asked me to do until now.

Thank you for your help.

Sincerely,

Maggie Truong