


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 17, 2005 8:00 am**  
**Secretary of State**

08-17-2005 90002 017 \*\*\*150.00

DOCUMENT # <b>P-01000087045</b>	
1. Entity Name <b>Super Nails Spa Inc</b> <b>5203 N. State Road 7</b> <b>Tamara FL 33319</b>	

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**50062034**

DO NOT WRITE IN THIS SPACE

<b>DO NOT WRITE IN THIS SPACE</b>	4. FEI Number		Applied For
			Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>
	7. Name and Address of Current Registered Agent		
	Name	<b>Nguyen Ben</b>	
	Street Address (O. Box number is Not Applicable)	<b>5000 NW Hialeah Court</b>	
	City	<b>Lauderdale Lakes FL</b>	Zip Code <b>33319</b>

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 **Ben** 08/10/05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS			
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
<b>P. Nguyen Ben</b>	<b>5000 NW Hialeah Court</b>		
<b>Lauderdale Lakes FL 33319</b>	<b>St.</b>		
<b>Pham Ngr Cam</b>	<b>5000 NW Hialeah Court</b>		
<b>Lauderdale Lakes FL 33319</b>			

**DO NOT WRITE 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)(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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Ben** 08/10/05 954 486 2778  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)

August 10<sup>th</sup> 2005, ATTACHMENT  
50062034

To: Florida department of state.

From: PO1000087045

Super Nails Spa Inc.  
5203 N. State Road 7  
Tamarac FL 33319.

To whom it may concern:

please understand that I did not  
received Uniform Business Report until  
now - (As I did requested in August 2005).

please waive my late fee.

Thank you very much for your understanding.

If any question... please contact us.

Sincerely

Beyu

Ben Nguyen