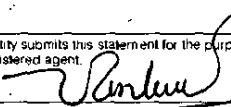
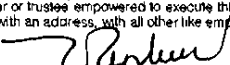


FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90175 042 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000095370		
1. Entity Name ODYSSEY NAIL SYSTEMS, INC.		
Principal Place of Business 6112-6114 SILVER STAR RD ORLANDO, FL 32808 US		Mailing Address 6112-6114 SILVER STAR RD ORLANDO, FL 32808 US
2. Principal Place of Business 6114 Silver Star Rd		3. Mailing Address 6114 Silver Star Rd
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State Orlando FL		City & State Orlando FL
Zip 32808		Country Change
4. FEI Number 59-3747440		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent		
LUU, VAN 6112-6114 SILVER STAR RD ORLANDO, FL 32808		
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:  DATE: _____ (NOTE: Registered Agent's signature required when reappointing)		
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
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 507, 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:  DATE: 05/05/03 (407) 522-5700 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

CR2E034 (10/02)