

FILED
May 17, 2006 8:00 am
Secretary of State

05-17-2006 90015 002 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 1. Entity Name	PO2000067846
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NAIL CITY & SPA, INC.

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40092849

2. Principal Place of Business		3. Mailing Address	
9267 WEST ATLANTIC BLVD.		Suite, Apt. #, etc.	
City & State		City & State	
CORAL SPRINGS, FL			
Zip	Country	Zip	Country
33071			

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4. FEI Number		Applied For	
85-0485588		<input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$5.75 Additional Fee Required	

7. Name and Address of Current Registered Agent	
Name Cam Hoang	
Street Address (P.O. Box Number is Not Acceptable)	
9267 West Atlantic Blvd	
City	Zip Code
Coral Springs	FL 33071

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	

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$350.00 Amended UBR is \$21.25		9. Election Campaign Financing	
Make Check Payable to Florida Department of State		<input type="checkbox"/> \$5.00 May Be Added to Fees	

10. OFFICERS AND DIRECTORS		11.	
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
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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.	
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SIGNATURE:	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #
	Cam Hoang	4/30/06	