

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

05-17-2006 90014 042 ***150.00

DOCUMENT # P02000132476

1. Entity Name
V'S NAIL SCHOOL, INC.



Principal Place of Business
**6251 34TH STREET NORTH
SUITE 103
PINELLAS PARK, FL 33781 US**

Mailing Address
**6251 34TH STREET NORTH
SUITE 103
PINELLAS PARK, FL 33781 US**



05032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
73-1668016

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BUI, VU T
6251 34TH STREET NORTH
SUITE 103
PINELLAS PARK, FL 33781**

**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 _____ (NOTE: Registered Agent signature required when registering) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

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 NAME STREET ADDRESS CITY-ST-ZIP	O BUI, VU T 6251 34TH STREET N., SUITE 103 PINELLAS PARK, FL 33781
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IN THIS SPACE**

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

4.30.06 1727-235-815
Date Daytime Phone #