


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
3 Apr 18, 2005 8:00 am
Secretary of State

03-31-2005 90043 040 ***150.00

DOCUMENT # P03000008260 1. Entity Name PARIS NAILS, INC.	
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Principal Place of Business 871 WEST BAY DRIVE LARGO, FL 33770	Mailing Address 871 WEST BAY DRIVE LARGO, FL 33770
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66010376



DO NOT WRITE IN THIS SPACE

03252005 No Chg-P CR2E034 (10/03)

4. FEI Number 82-0584874	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

BURDEN, BRIAN A-
120 S WILLOW AVE
TAMPA, FL 33608

**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

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD CAO, LENNY 871 WEST BAY DRIVE LARGO, FL 33770
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NGUYEN, HUYEN T 871 WEST BAY DRIVE LARGO, FL 33770
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/05

Date

Daytime Phone #