

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 21, 2005 8:00 am**  
**Secretary of State**

02-21-2005 90072 034 \*\*\*150.00

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<b>DOCUMENT # P03000018386</b> 1. Entity Name <b>CAROLINE'S NAIL &amp; SKIN CARE, INC.</b>					
Principal Place of Business <b>4015 S WEST SHORES BLVD #3 TAMPA, FL 33611</b>			Mailing Address <b>4015 S WEST SHORES BLVD #3 TAMPA, FL 33611</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
6. Name and Address of Current Registered Agent  <b>BURDEN, BRIAN A ESQ C/O BRIAN A. BURDEN, P.A. 120 S WILLOW AVE TAMPA, FL 33606</b>				7. Name and Address of New Registered Agent Name <b>HUU LAM, JOSEPH C</b> Street Address (P.O. Box Number is Not Acceptable) <b>4015 S WEST SHORE BLVD # 3</b> City <b>TAMPA</b> FL Zip Code <b>33611</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 <u><i>Joseph M. Burden</i></u> DATE <u>02/16/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPS HUU LAM, JOSEPH C 4015 S WEST SHORES BLVD #3 TAMPA, FL 33611</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SV NGOC DO, CAROLINE C 4015 S WEST SHORES BLVD #3 TAMPA, FL 33611</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> <u><i>Joseph M. Burden</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>02/16/05</u> <small>Daytime Phone #</small> <u>813 831 3696</u>		