

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

01-17-2006 90249 011 ***150.00

60002790



01132006 Chg-P CR2E034 (11/05)

4. FEI Number
33-1044796

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

DOCUMENT # P03000018386

1. Entity Name
CAROLINE'S NAIL & SKIN CARE, INC.



Principal Place of Business
**4015 S WEST SHORES BLVD #3
TAMPA, FL 33611**

Mailing Address
**4015 S WEST SHORES BLVD #3
TAMPA, FL 33611**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

6.-Name and Address of Current Registered Agent
**HUULAM, JOSEPH C
4015 S WEST SHORE BLVD
#3
TAMPA, FL 33611**

7.-Name and Address of New Registered Agent
Name **NGOC DO, CAROLINE C**
Street Address (P.O. Box Number is Not Acceptable)
**4015 S WEST SHORE BLVD
#3**
City **TAMPA** FL Zip Code **33611**

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 *Carolanne* DATE **1/13/06**

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS HUU LAM, JOSEPH C 4015 S WEST SHORES BLVD #3 TAMPA, FL 33611 <input checked="" 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	SV NGOC DO, CAROLINE C 4015 S WEST SHORES BLVD #3 TAMPA, FL 33611 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDPSV NGOC DO CAROLINE C 4015 S WEST SHORE #3 TAMPA FL 33611 <input checked="" type="checkbox"/> Addition
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
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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 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: *Carolanne* DATE **1/13/06** DAYTIME PHONE # **813-831-3696**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR