


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000022747		
1. Entity Name TIFFANY'S HAIR & NAIL SALON, INC.		
Principal Place of Business 2387 DAVIS BOULEVARD NAPLES, FL 34104	Mailing Address 2387 DAVIS BOULEVARD NAPLES, FL 34104	
DO NOT WRITE IN THIS SPACE		
01292005 No Chg-P CR2E034 (10/03)		
4. FEI Number 20-0002523		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent		
HUYNH, HOANH 5831 WAXMYRTLE WAY NAPLES, FL 34109		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 reinstating) DATE _____		
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		
10. OFFICERS AND DIRECTORS		
TITLE	PTD	DO NOT WRITE IN THIS SPACE
NAME	HUYNH, HOANH	
STREET ADDRESS	5831 WAXMYRTLE WAY	
CITY-ST-ZIP	NAPLES, FL 34109	
TITLE	VSD	
NAME	HUYNH, TUYET	
STREET ADDRESS	5831 WAXMYRTLE WAY	DO NOT WRITE IN THIS SPACE
CITY-ST-ZIP	NAPLES, FL 34109	
TITLE		
NAME		
STREET ADDRESS		
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STREET ADDRESS		DO NOT WRITE IN THIS SPACE
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: <u>HOANH C HUYNH</u> 02/11/05 239-774-4828		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		