# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

### **DOCUMENT # P03000032298**

1. Entity Name ELITE NAILS COMPANY



Principal Place of Business

5305 E FOWLER AVE TAMPA, FL 33617 Mailing Address

14906 N ROME AVE TAMPA, FL 33613

## FILED Apr 13, 2007 8:00 am Secretary of State

04-13-2007 90172 020 \*\*\*150.00

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CR2E034 (11/05)

4. FEI Number 13-4245183

04052007

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LE, HUNG QUOC 14906 N ROME AVE TAMPA, FL 33613-1549

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No Chg-P

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	named entity submits this statement for the plons of registered agent.	urpose of changing its registere	d office or r	registered agent, or be	oth, in the State of Florida. I am familiar wi	ith, and accept	
SIGNATURE	Signature, typed or printed name of registered agent and title if	applicable. (NOTE: Registered	Agent signature	e required when reinstating)	DATE		
FILI After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	eing	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	TORS			•	•	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LE, HUNG QUOC 14906 N ROME AVE TAMPA, FL 336131549						
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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:** 

CHANATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/05

813-988-9900

Date

Daytime Phone #