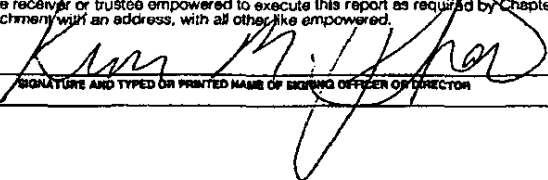


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

03-17-2004 90002 048 ***150.00

DOCUMENT # P03000047785 1. Entity Name KIM'S FANTASTIC NAIL INC.					
Principal Place of Business 907 TYRONE BOULEVARD NORTH ST. PETERSBURG, FL 33710			Mailing Address 907 TYRONE BOULEVARD NORTH ST. PETERSBURG, FL 33710		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent PHAN, KIM M 907 TYRONE BOULEVARD NORTH ST. PETERSBURG, FL 33710				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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 reappointing) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	P. KIM, PHAN M 907 TYRONE BOULEVARD NORTH ST. PETERSBURG, FL 33710		☐ Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			☐ Change ☐ 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.					
SIGNATURE: 			04/15/04 Date Daytime Phone #		

66409801



03142004 Chg-P CR2E034 (10/03)

4. FEI Number **562351515** Applied For ☐ Not Applicable

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