

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 21, 2006 8:00 am**  
**Secretary of State**

03-23-2006 90012 028 \*\*\*150.00  
07-21-2006 90022 031 \*\*\*\*13.50

**DOCUMENT # P03000074610**

1. Entity Name  
**WONDER NAIL OF PALM BEACH, INC.**



Principal Place of Business

~~10214 ALLAMANDA BLVD~~  
~~PALM BEACH GARDENS, FL 33410~~

Mailing Address

10214 ALLAMANDA BLVD  
PALM BEACH GARDENS, FL 33410

**1801 PALM BEACH LAKES BLVD # 106**  
**WEST PALM BEACH FL 33411 (561) 689-2683**

**50022720**



03112006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**16-1678365**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

LE, KIMLOAN  
10214 ALLAMANDA BLVD  
PALM BEACH GARDENS, FL 33410

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

*[Signature]*

**7.15.2006**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$350.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☒ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	LE, KIMLOAN
STREET ADDRESS	10214 ALLAMANDA BLVD
CITY- ST- ZIP	PALM BEACH GARDENS, FL 33410
TITLE	DVP
NAME	HOANG, SY
STREET ADDRESS	10214 ALLAMANDA BLVD
CITY- ST- ZIP	PALM BEACH GARDENS, FL 33410
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/15/06**

Date

Daytime Phone #

March 24, 2006

ATTACHMENT  
50022720

WONDER NAIL OF PALM BEACH , INC.  
10214 ALLAMANDA BLVD  
PALM BEACH GARDENS, FL 33410

SUBJECT: WONDER NAIL OF PALM BEACH , INC.  
Ref. Number: P03000074610

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report has not been filed and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

+ NEXT, - PREV, 1. MENU, 2. FILING, 3. OFFICERS, 4. EVENTS  
7. LIST  
ENTER SELECTION AND CR:

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6056 and press 4. Your call will be answered in the order it is received.

ANNUAL REPORTS SECTION

Letter number: 706A00020867

/vrh  
Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida  
32314

+ NEXT, - PREV, 1. MENU, 2. FILING  
7. LIST  
ENTER SELECTION AND CR: