2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 13, 2005 8:00 am Secretary of State 04-13-2005 90064 017 ***150.00

ANNOAL REPORT								
DOCUMENT # P0300 1. Entity Name SUN NAIL SALON, INC.								
Principal Place of Business 6504 PINE BLVD PEMBROKE PINES, FL 33024	Mailing Address 6504 PINE BLVD PEMBROKE PINES, FL 33024	,						



DO NOT WRITE IN THIS SPACE

04012005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For 33-1064619 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

NGUYEN, THANH ° 6504 PINE BLVD PEMBROKE PINES, FL 33024

SIGNATURE:

DO NOT WRITE IN THIS SPACE

					<u>Andria de la companya dela companya dela companya dela companya de la companya d</u>	, ř.
the obligat	named entity submits this statement for the plans of registered agent.		ed office or re	gistered agent, or bot	h, in the State of Florida. I am far	niliar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title	<u> </u>	Agent signature	required when reinstating)	DATE	<u> </u>
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS		11 y = 18 1		
TITLE	P					
NAME	NGUYEN, THANH		*	, , , , ,		*
STREET ADDRESS CITY-ST-ZIP	6504 PINE BLVD		İ		A THE STATE OF THE	
	PEMBROKE PINES, FL 33024		. •	,		*
TITLE NAME			1 :		et i i	1
STREET ADDRESS						
CITY-ST-ZIP	· -	e encommo o la company			and the second of	
TITLE			1			į.
NAME		•			-	اند ،
STREET ADDRESS	,			DO	NOT WRITE	
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·			S	
TITLE NAME			•	IN 7	THIS SPACE	
STREET ADDRESS					,	
CITY-ST-ZIP					134	
TITLE	<u> </u>					\$.
NAME		,	,		A 2	• •
STREET ADDRESS				San		. * * - 4
CITY-ST-ZIP					***	
TITLE					434	
NAME STREET ADDRESS			:	, `	4247	٠
CITY-ST-ZIP			ľ		Var. 7/2	
Indicated of the co	Certify that the information supplied with this fid on this report or supplemental report is true rporation or the receiver or trustee empowere, or on an attachment with an address, with a	and accurate and that my signal d to execute this report as requi	ture shall hav	e the same legal effec	t as if made under oath: that I arr	an officer of difector

IGNING OFFICER OR DIRECTOR