2005 FOR PROFIT CORPORATION

FILED Jul 13, 2005 08:00 AM Secretary of State

DOCUMENT # P03000 1. Entity Name JADE NAILS & SPA, INC.	0081673	
Principal Place of Business	Mailing Address	
6025 CYPRESS GARDENS BLVD. WINTER HAVEN, FL 33884	6025 CYPRESS GARDENS WINTER HAVEN, FL 3388	

6025 CYPRE	e of Business SS GARDENS BLVD. (EN, FL 33884	Mailing Address 6025 CYPRESS GARDENS BLV	D.	1			
WINTER HAV	EN, FL 33004_	WINTER HAVEN, FL 33884					
	O NOT WRITE	IN THIS SOA	CE .	07082005	No Chg-P	CR2E034 (10/03)
	ONOI WHILE	III I NIO OFAI	CE	4. FEI Number 35-221			Applied For lot Applicable
					of Status Desired	S8.75 Ac	dditional
	6. Name and Address of Current R	egistered Agent				\$\$.00 million \$\$\$ 18 800 million \$\$	
116 LANT WINTER H	KHANH T ERN LANE HAVEN, FL 33884			IN 1	NOT WI	ACE	
the obligat	named entity submits this statement for itoms of registered agent.	he purpose of changing its register	ed office or registere	ed agent, or bo	th, in the State of Flori	ida. I am familiar with	i, and accept
SIGNATURE	Signature, typed or printed name of registered agent an	d mile if applicable (NOTE Registere	d Agent signature required	when reinstating)	when reinstating) DATE		
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005 9. Election Campaign Finance Trust Fund Contribution.			00 May Be ed to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10.	OFFICERS AND D	RECTORS		**************************************			
TITLE	DCP						a Miran
Name Street adoress	NGUYEN, KHANH T 116 LANTERN LANE				innani	1272453	· Later Later
CITY-ST-ZIP	WINTER HAVEN, FL 33884				m:/[3/05	-80001-015	Tou.u.
TITLE	TS		l ite in en e			r transcription in the control of th	The second second second
NAME	NGUYEN, KHANH T				dan deligiil ersteid. Siidaa kidalekeelii		
STREET ADDRESS	116 LANTERN LANE						
City-ST-ZIP	WINTER HAVEN, FL 33884	_		ffusition is gover Alandonisa joha	k stillennisinis basal Halitisa basal basal	法国智慧的	
TITLE NAME	VP PHAM, TRINH T	'	CIS-DAM CREATED AND ADDRESS	A STATE OF NAME OF A STATE ASSOCIATION ASS	(A) (A) the the design of the term of the		ەرىئىمىقتىرىدىنىڭ ۋە
STREET ADDRESS							
CITY-ST-ZIP	116 LANTERN LANE						
GITT-SITUR	· · · · · · · · · · · · · · · · · · ·			DO	NOT WI	RITE	
TITLE	116 LANTERN LANE			CONTRACTOR CONTRACTOR	OMBA a Hari Le Citter		
TITLE NAME	116 LANTERN LANE	_		CONTRACTOR CONTRACTOR	NOT WI		
TITLE NAME STREET ADDRESS	116 LANTERN LANE	.		CONTRACTOR CONTRACTOR	OMBA a Hari Le Citter		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	116 LANTERN LANE	→		CONTRACTOR CONTRACTOR	OMBA a Hari Le Citter		
TITLE NAME STREET ADDRESS	116 LANTERN LANE			CONTRACTOR CONTRACTOR	OMBA a Hari Le Citter		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	116 LANTERN LANE			CONTRACTOR CONTRACTOR	OMBA a Hari Le Citter		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	116 LANTERN LANE			CONTRACTOR CONTRACTOR	OMBA a Hari Le Citter		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	116 LANTERN LANE			CONTRACTOR CONTRACTOR	OMBA a Hari Le Citter		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	116 LANTERN LANE			CONTRACTOR CONTRACTOR	OMBA a Hari Le Citter		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	116 LANTERN LANE			CONTRACTOR CONTRACTOR	OMBA a Hari Le Citter		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 calh; that I am an officer or director of the corporation or the receiver of 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 an an attachment with an address, with all other like empowered.

GNATURE:

SIGNATURE: