

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000111101

1. Entity Name
LA NAILS II, INC



Principal Place of Business

8164 MC NAB ROAD
NORTH LAUDERDALE, FL 33068

Mailing Address

8164 MC NAB ROAD
NORTH LAUDERDALE, FL 33068

DO NOT WRITE IN THIS SPACE

FILED
Mar 03, 2008 08:00 A
Secretary of State



02262008 No Chg-P CR2E034 (11/05)

4. FEI Number 33-1009950	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TRAN, BICHTHUY
8164 MC NAB ROAD
NORTH LAUDERDALE, FL 33068

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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 translating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

**\$5.00 May Be
Added to Fees**

000000844250
03/12/08-80028-022 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME TRAN, BICHTHUY
STREET ADDRESS 8164 MC NAB ROAD
CITY-ST-ZIP NORTH LAUDERDALE, FL 33068

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: *B. Thuy Tran*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/08

Date

Daytime Phone #