


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000015513		
1. Entity Name BN BEST NAILS, INC.		
Principal Place of Business 5372 FRUITVILLE ROAD SARASOTA, FL 34232		Mailing Address 5372 FRUITVILLE ROAD --SARASOTA, FL 34232
DO NOT WRITE IN THIS SPACE		
		
01292006 No Chg-P CR2E034 (11/05)		
4. FEI Number 20-0920042		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 MARIANNE, LEHMAN C 2227 TULIP STREET SARASOTA, FL 34239		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P,T VAN, HOANG 7429 ROXYE LANE SARASOTA, FL 34240	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP,S THAI, THUY THANH 7429 ROXYE LANE SARASOTA, FL 34240	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
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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		02/15/06-80019-009 150.00 DO NOT WRITE IN THIS SPACE 941-342-8918 Daytime Phone #