



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2008 8:00 am
Secretary of State

02-01-2008 90018 034 ***150.00

DOCUMENT # P04000028698 1. Entity Name NAIL WORLD OF WESLEY CHAPEL, INC.					
Principal Place of Business 1948 BRUCE B. DOWN BLVD. SUITE 102 WESLEY CHAPEL, FL 33543			Mailing Address 1948 BRUCE B. DOWN BLVD. SUITE 102 WESLEY CHAPEL, FL 33543		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent NGUYEN, LAN B 1948 BRUCE B DOWN BLVD. 102 TAMPA, FL 33543				7. Name and Address of New Registered Agent Name TRINH, HANG B Street Address (P.O. Box Number is Not Acceptable) 1948 Bruce B Down Blvd City Wesley Chapel FL Zip Code 33544	
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 reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P TRINH, HANG B 31027 BRIDGE GATE DR. WESLEY CHAPEL, FL 33544 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: 			1-25-08 (813) 907-9576 Date Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

40015641



01252008 Chg-P CR2E034 (12/06)

4. FEI Number **20-4949639** Applied For ☐ Not Applicable ☒

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