FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

FILED Mar 16, 2005 8:00 am a Secretary of State

(954)920-6910

Daytime Phone #

1/12/2005 Date

UNIFORM BUSINESS REPORT (UBR)					Secretary of State		
DOCUMENT # P04000050615 1. Entity Name						03-16-2005 90034 008 *	**150.00
Star Nails & Beauty S	alon, Inc.						
DO N	IOT WRITE	: IN THIS	SPA	CE		5	0027143
2. Principal Place of Business		3. Mailing Address			1	. υ	0021143
437 E. Sheridan Street Suite, Apt. #, etc.		Suite, Apt. #, etc.			ł	DO NOT WRITE IN THI	S SPACE
City & State Dania Beach, FL		City & State			L		Not Applicable
Zip	Country	Zip	Co	ountry	5. C	ertificate of Status Desired	\$8.75 Additional Fee Required
33004		<u> </u>	I	7. Nar	ne and	Address of Current Regis	· · · · · · · · · · · · · · · · · · ·
•				Name Thanh T. Pham			
DO NOT WRITE					reet Address (P.O. Box Number is Not Acceptable)		
" IN THIS SPACE				16785 SW 10	th Street		
•		7.02					• .
-		,		City Pembroke Pin	100	FL	Zip Code 33027
8. The above named	entity submits this s	Atement for the pur	pose of cl			office or registered agent, or	
State of Florida. I	am familiar with and	accept the obligation	ns of regi	stered agent.			
SIGNATURE	Chandly	1				T. Pham	1/12/2005
	ure, typed or printed name of - May 1 Fee is \$150.		e if applicable	e. (NOTE: Regis	tered Ag	ent signature required when reinstatir	ng) DATE
After M	lay 1, Fee is \$550.00					ection Campaign Financing ust Fund Contribution.	\$5.00 May Be Added to Fees
	ded UBR is \$61.25 le to Florida Departn	nent of State			"	ust Fund Contribution.	Added to rees
10.		ND DIRECTORS	11.	TIE	ı		
TITLE NAME	President/CEO/Cha Thanh T. Pham	rperson		TLE AME			
STREET ADDRESS				STREET ADDRES			
CITY-ST-ZIP TITLE	Pembroke Pines, FL Executive Vice Pres			TY-ST-ZIP	-		
NAME	Binh Nguyen		TITLE NAME			8 S. L. L. S. S. L.	
STREET ADDRESS	16785 SW 10th Street			STREET ADDRES		je generalite Mijasta (1964.) je na se na politika i g na	
CITY-ST-ZIP	Pembroke Pines, Flo Board Advisor/Ex-O	orida 33027		TY-ST-ZIP			
TITLE NAME	Clifton H. Rodriquez			TLE: AME			
STREET ADDRESS	3146 NW 68th Stree		STREET ADDRES		DO NOT W	IDITE	
CITY-ST-ZIP	Fort Lauderdale, Flo	rida 33309		TY-ST-ZIP		DO NOT W	
TITLE NAME				TLE Ame		IN THIS SI	PACE
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CITY-ST-ZIP	<u> </u>	 	cı	TY-ST-ZIP			····
						n Section 119.07(3)(i), Florida S it my signature shall have the sa	
as if made under oa	nation indicated on this ith; that I am an officer c	report or supplemental	ation or the	e receiver or trust	ano ma tee emo	it my signature snail have the sa owered to execute this report as	s required by
						dress, with all other like empow	

Thanh T. Pham, CEO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000050615 STAR NAILS & BEAUTY SALON, INC. ATTACHMENT Principal Place of Business Mailing Address 50027143 3146 NW 68TH STREET 3146 NW 68TH STREET FT LAUDERDALE, FL 33309 FT LAUDERDALE, FL 33309 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 01102005 Chg-P City & State City & State Applied For 4. FEI Number Not Applicable Zio Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PHAM, THANH T Street Address (P.O. Box Number is Not Acceptable) **16785 SW 10TH STREET** PEMBROKE PINES, FL 33027 City Zip Code 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 tale if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Trust Fund Contribution After May 1, 2005 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PCEO** TITLE ☐ Delete TITLE ☐ Change ☐ Addition PHAM, THANH T NAME NAME **16785 SW 10TH STREET** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES, FL 33027 CITY-ST-ZIP EVSD ☐ Delete TITLE TITLE Change ☐ Addition NGUYEN, BINH NAME NAME STREET ADDRESS 16785 SW 10TH STREET STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES, FL 33027 CITY-ST-ZIP TITLE Delete TITLE ☐ Change · ☐ Addition RODRIGUEZ, CLIFTON H CPA NAME NAME STREET ADDRESS 3146 NW 68TH STREET STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE, FL 33309 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this fiting does not qualify for the exemption stated in Section 119.07(3)(i), 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 Date Daytime Phone