

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

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

03-16-2005 90034 008 \*\*\*150.00

<b>DOCUMENT #</b> P04000050615
<b>1. Entity Name</b> Star Nails & Beauty Salon, Inc.

**DO NOT WRITE IN THIS SPACE**

50027143

<b>2. Principal Place of Business</b> 437 E. Sheridan Street Suite, Apt. #, etc.	<b>3. Mailing Address</b> Suite, Apt. #, etc.
<b>City &amp; State</b> Dania Beach, FL	<b>City &amp; State</b>
<b>Zip</b> 33004	<b>Country</b>

**DO NOT WRITE IN THIS SPACE**

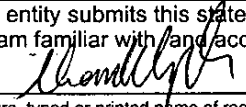
<b>4. FEI Number</b> 61-1418519	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

<b>Name</b> Thanh T. Pham
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 16785 SW 10th Street
<b>City</b> Pembroke Pines
<b>State</b> FL
<b>Zip Code</b> 33027

**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**  **Thanh T. Pham** **1/12/2005**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE**

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ \$5.00 May Be Added to Fees  
**Trust Fund Contribution.**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	President/CEO/Chairperson Thanh T. Pham 16785 SW 10th Street Pembroke Pines, FL 33027
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	Executive Vice President/Director Binh Nguyen 16785 SW 10th Street Pembroke Pines, Florida 33027
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	Board Advisor/Ex-Officio Clifton H. Rodriquez 3146 NW 68th Street Fort Lauderdale, Florida 33309
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	

**11.**

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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 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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:**  **Thanh T. Pham, CEO** **1/12/2005** **(954)920-6910**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

50027143

DOCUMENT # P04000050615					
<b>1. Entity Name</b> STAR NAILS & BEAUTY SALON, INC.					
<b>Principal Place of Business</b> 3146 NW 68TH STREET FT LAUDERDALE, FL 33309			<b>Mailing Address</b> 3146 NW 68TH STREET FT LAUDERDALE, FL 33309		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01102005    Chg-P    CR2E034 (10/03)	
<b>4. FEI Number</b>				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b>				<input type="checkbox"/> \$8.75 Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
PHAM, THANH T 16785 SW 10TH STREET PEMBROKE PINES, FL 33027			Name Street Address (P.O. Box Number is Not Acceptable) City FL    Zip Code		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO PHAM, THANH T 16785 SW 10TH STREET PEMBROKE PINES, FL 33027	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVSD NGUYEN, BINH 16785 SW 10TH STREET PEMBROKE PINES, FL 33027	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, CLIFTON H CPA 3146 NW 68TH STREET FT LAUDERDALE, FL 33309	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
<b>12. I hereby certify that the information supplied with this filing 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.</b>			<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		
			<small>Date</small>		<small>Daytime Phone #</small>