

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

FILED
Feb 15, 2006 08:00 AM^{ATX}
Secretary of State

DOCUMENT # P04000050615
1. Entity Name Star Nails & Beauty Salon, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 437 E. Sheridan Street Suite, Apt. #, etc.		3. Mailing Address 3146 NW 68 Street Suite, Apt. #, etc. Suite No.1	
City & State Dania Beach, FL		City & State Fort Lauderdale, Florida	
Zip 33004	Country USA	Zip 33309-1206	Country USA

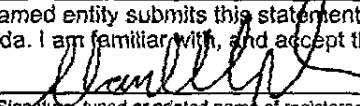
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4. FEI Number 61-1418519	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name Thanh Pham	
Street Address (P.O. Box Number is Not Acceptable) 437 N. Sheridan Street	
City Dania Beach	FL Zip Code 33004

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** **1/6/2006**
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/CEO/Director Thanh T. Pham 5352 SW 11th Street Plantation, Florida 33317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Executive Vice President/Director Binh Nguyen 5352 SW 11th Street Plantation, Florida 33317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board Advisory/Ex-officio member Clifton H. Rodriguez, CPA 3146 NW 68 Street Fort Lauderdale, Florida 33309-1206
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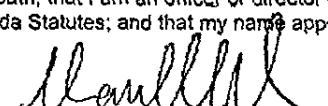
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true 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 Pham** **1/6/2006** **(954)929-6910**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #