

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

04-13-2007 90166 021 *****50.00
P04000099390

FILED

2007 MAY -8 PM 5: 32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03292007 No Chg-P CR2E034 (11/05)

DOCUMENT # P04000099390

1. Entity Name
NAIL ZONE, INC.



Principal Place of Business
5800 BEACH BLVD
JACKSONVILLE, FL 32207

Mailing Address
5800 BEACH BLVD
JACKSONVILLE, FL 32207

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1314945	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

PHAM, PHUONG
5800 BEACH BLVD
JACKSONVILLE, FL 32207

**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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PHAM, PHUONG 11856 COLLINS CREEK DR JACKSONVILLE, FL 32258
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP TRINH, BANG 11856 COLLINS CREEK DR JACKSONVILLE, FL 32258
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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: Phuong Pham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/11/07
Date

Daytime Phone #

5/8aw