

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90254 006 ***150.00

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DOCUMENT # P04000105680 1. Entity Name UTOPIA NAIL AND TAN, INC.			
Principal Place of Business 3725 ASHLEY COURT NAPLES, FL 34116		Mailing Address 3725 ASHLEY COURT NAPLES, FL 34116	
2. Principal Place of Business 14700 N TAMiami TRl Suite, Apt. #, etc. <u>SUITE 11</u> City & State <u>NAPLES FLORIDA</u> Zip <u>34110</u> Country <u>COLLIER</u>		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
4. FEI Number 65-1229431		Chg-P CR2E034 (10/03) <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent DANG, BRIAN T 3725 ASHLEY COURT NAPLES, FL 34116	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 <u>[Signature]</u> DATE <u>4/20/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 PS <input type="checkbox"/> Delete NAME DANG, BRIAN T STREET ADDRESS 3725 ASHLEY COURT CITY-ST-ZIP NAPLES, FL 34116	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>4/20/05</u> Daytime Phone # <u>239-298-9555</u>	