FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT-(UBR)

FILED
Jun 06, 2005 8:00 am
Secretary of State
06-06-2005 90007 020 ***158.75

DOCUMENT # P04000137187

1. Entity Name

LILY'S NAILS SALON, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
711 Beach Boulevard	Same
Suite, Apt. #, etc. Ste. B - A1A.	Suite, Apt. #, etc
City & State Saint Augustine - FL	City & State
Zip 32080 Country	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 67-0013924 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Same.

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: THINH - TRAN May - 25 - 2005.
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent's signature required when individual — 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 Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD TRAN, THINH - TRUNG. 295 # A Sunset Dr. St. Augustine - FL - 32080.	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ESD NGUYEN, LILIAN - MAI. 295 # A Sunset Dr. St. Augustine - FL - 32080.	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E034B (12/02)

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: THINH - TRAN May - 25 - 05 (904) 461 - 0803.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #