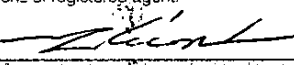
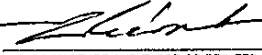


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT-(UBR)**

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 711 Beach Boulevard		3. Mailing Address Same	
Suite, Apt. #, etc. Ste. B - A1A		Suite, Apt. #, etc.	
City & State Saint Augustine - FL		City & State	
Zip 32080	Country	Zip	Country
4. FEI Number 67-0013924		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name Same			
Street Address (P.O. Box Number is Not Acceptable)			
City FL Zip Code			
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  THINH - TRAN May - 25 - 2005			
Signature, typed or printed name of registered agent and date (Required) Registered Agent signature required when changing agent 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 law empowered.			
SIGNATURE:  THINH - TRAN May - 25 - 05 / (904) 461-0803			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date/Time Printed			

CR2E034B (12/02)