


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 06, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P04000140595</b> 1. Entity Name <b>SAWGRASS NAILS, INC.</b>	
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Principal Place of Business <b>1600 SAWGRASS VILLAGE DR PONTE VEDRA BEACH, FL 32082</b>	Mailing Address <b>1600 SAWGRASS VILLAGE DR PONTE VEDRA BEACH, FL 32082</b>
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03012007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-1728130</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  <b>NGUYEN, VINH 1600 SAWGRASS VILLAGE DR PONTE VEDRA BEACH, FL 32082</b>
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**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 reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P NGUYEN, VINH 3005 CROSBY LANE JACKSONVILLE, FL 32216</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP HUYNH, VAN 3005 CROSBY LANE JACKSONVILLE, FL 32216</b>
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04/16/07-80015-014 150.00

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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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/07 904-285-0075  
Date Daytime Phone #