


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**


05-02-2007 90086 030 \*\*\*150.00

<b>DOCUMENT # P04000155893</b> 1. Entity Name <b>MODERN NAILS - SALON &amp; DAY SPA, INC.</b>	
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Principal Place of Business <b>9501 ARLINGTON EXP WAY #690 JACKSONVILLE, FL 32225</b>	Mailing Address <b>9501 ARLINGTON EXP WAY #690 JACKSONVILLE, FL 32225</b>
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**DO NOT WRITE IN THIS SPACE**

40100430



04192007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>20-1887916</b>	Applied For 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

**DANG, HONG  
9501 ARLINGTON EXP WAY #690  
JACKSONVILLE, FL 32225**

**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 \_\_\_\_\_

<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 DANG, HONG 9501 ARLINGTON EXP WAY #690 JACKSONVILLE, FL 32225</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP LE, JEFFREY 9501 ARLINGTON EXP WAY #690 JACKSONVILLE, FL 32225</b>
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:** \_\_\_\_\_ **4/20/07** **904-724-7072**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #