

2005 FOR PROFIT CORPORATION ANNUAL REPORT

03-23-2005 90045 022 ***150.00
P04000166197

FILED

05 JUL 13 PM 3:42

SECRETARY OF STATE
JALAHASSEE, FLORIDA

DOCUMENT # P04000166197

1. Entity Name
NAIL SPA & BEAUTY SALON, INC.



Principal Place of Business
3146 NW 68TH STREET
FT. LAUDERDALE, FL 33309

Mailing Address
3146 NW 68TH STREET
FT. LAUDERDALE, FL 33309

2. Principal Place of Business

3. Mailing Address

3146 NW 68th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite No. 1

02022005

Chg-P

CR2E034 (10/03)

City & State

City & State

FT. LAUDERDALE FLORIDA

4. FEI Number

20-1985681

Applied For

Not Applicable

Zip

Country

Zip

33309

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NGUYEN, BINH
5352 SW 11TH STREET
PLANTATION, FL 33317

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PCEO
NGUYEN, BINH
5352 SW 11TH STREET
PLANTATION, FL 33317

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPSD
PHAM, THANH T.
5352 SW 11TH STREET
PLANTATION, FL 33317

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DO
RODRIGUEZ, CLIFTON H. CPA
3146 NW 68TH STREET
FT. LAUDERDALE, FL 33309

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Board Advisor/Ex-officio
RODRIGUEZ, CLIFTON, CPA.
3146 NW 68 Street
Fort Lauderdale, Florida 33309
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/16/05 (954) 424-0080