## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P05000099222**

1. Entity Name

Principal Place of Business

LOVELY NAILS OF JAX, INC.



Mailing Address

1440 DUNN AVE STE 2 JACKSONVILLE, FL 32218 1440 DUNN AVE STE 2 JACKSONVILLE, FL 32218 FILED
Mar 21, 2007 08:00 AM
Secretary of State



## DO NOT WRITE IN THIS SPACE

02252007 No Chg-P CR2E034 (11/05)

4. FEI Number	Applied For	
20-3155907	 Not Applicable	
5. Certificate of Status Desired	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

NGUYEN, TY 1440 DUNN AVE STE 2 JACKSONVILLE, FL 32218

the obligations of registered agent.

## DO NOT WRITE IN THIS SPACE

SIGNATURE						
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finan     Trust Fund Contribution.		\$5.00 May Be Added to Fees	U00000674007 03/29/07-80053-001 150.00	
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NGUYEN, TUAN 1440 DUNN AVE STE 2 JACKSONVILLE, FL 32218					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NGUYEN, TY 1440 DUNN AVE STE 2 JACKSONVILLE, FL 32218					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME -STREET ADDRESS CITY-ST-ZIP						
12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes, I further certify that the information indicated on this country and the transfer and that my signature shall have the same legal affect as if made under each that I am an officer or director.						

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

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

3/18/07

75/-4282 Dayume Phone #