2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2008 8:00 am Secretary of State

DOCUMENT # P05000109625 1. Entity Name LU PHILLIP NAILS & SPA, INC.				No.		3 90414 028 ***15	
Principal Place 4658 S. KIRK ORLANDO, FL	KMAN RD.	Mailing Address 4658 S. KIRKMAN RD. ORLANDO, FL 32811	US	4	 Bilid 100 filo 1100 1100 1	13161 1711 18110 18110 18116 1811	1 111 111 111111
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04242008	Chg-P	CR2E034 (12/06	i)
City & State		City & State		4. FEI Numb 20-327		├	Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate	of Status Desired	□ \$8.75 A Fee Requi	
	6. Name and Address of Curren	t Registered Agent		7. Name and	Address of New	Registered Agent	
TRAN, LUCY			Name				
13545 ZORI LANE			Street Addres	s (P.O. Box Numb	er is Not Acceptal	ble)	
WINDERM	1ERE, FL 34786						
			City			FL Zip Co	ode
	named entity submits this statement tions of registered agent.	for the purpose of changing its re	gistered office or regis	stered agent, or bo	th, in the State of		h, and accept
ine obligati	tions of registered agent.						
SIGNATURE_	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: R	egistered Agent signáturá réqu	ired when reinstating)		DATE	
							
FILI After Ma	E NOWIII FEE IS \$150.00 ay 1, 2008 Fee will be \$550	9. Election Campaign Trust Fund Contrib	Financing \$ ution.	55.00 May Be dded to Fees			
After Ma	ay 1, 2008 Fee will be \$550 OFFICERS AN	.00 Trust Fund Contrib D DIRECTORS	ution. L. A	dded to Fees	CHANGES TO O	FFICERS AND DIRECTO	
After Ma	officers and	.00 Trust Fund Contrib	ution. L. A	dded to Fees	CHANGES TO O	FFICERS AND DIRECTO	
After Ma	ay 1, 2008 Fee will be \$550 OFFICERS AN	.00 Trust Fund Contrib D DIRECTORS	ution. L. A 11. TITLE	dded to Fees	CHANGES TO O		
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After Ma 10. TITLE NAME STREET ADDRESS	OFFICERS AND P/D TRAN, LUCY 13545 ZORI LANE	.00 Trust Fund Contrib D DIRECTORS	11. TITLE NAME STREET ADDRESS	dded to Fees	CHANGES TO O		e Addition
After Ma 10. IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	OFFICERS AND OFFICERS AND P/D TRAN, LUCY 13545 ZORI LANE WINDERMERE, FL 34786 VP/D NGUYEN, PHUONG X 9842 DORIATH CIR.	Trust Fund Contrib	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	dded to Fees	CHANGES TO O	Change	e Addition
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12. I hereby 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 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.

CITY-ST-ZIP

SIGNATURE: X

CITY-\$T-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x 4-75-08

Daytime Phone #