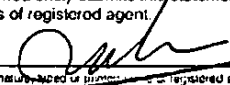
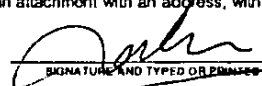


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 22, 2007 8:00 am
Secretary of State
01-25-2007 90049 013 ***150.00

DOCUMENT # P05000160362					
1. Entity Name PASSION NAILS & SPA INC					
Principal Place of Business 12359 NW 27TH PLACE CORAL SPRINGS FL 33065			Mailing Address 12359 NW 27TH PLACE CORAL SPRINGS FL 33065		
2. Principal Place of Business - No P.O. Box # 91 SE 1ST AVE			3. Mailing Address 91 SE 1ST AVE		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State BOCA RATON			City & State BOCA RATON, Florida		
Zip 33432	Country PALM BEACH	Zip 33432	Country PALM BEACH	4. FEI Number 42-1687077	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent MAI, TUAN N 12359 NW 27TH PLACE CORAL SPRINGS FL 33065				7. Name and Address of New Registered Agent 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  MAI, TUAN N Signature of person who is registered agent and is not applicable (NOT) Registered Agent signature required when registering) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				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	
NAME STREET ADDRESS CITY - ST - ZIP	P MAI, TUAN N 12359 NW 27TH PLACE CORAL SPRINGS FL 33065	☐ Delete	NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  MAI, TUAN N SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					