

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000163004

1. Entity Name
PARTY NAILS & SPA, INC.



FILED
Apr 02, 2008 08:00 AM
Secretary of State

Principal Place of Business
857 WOODBURY ROAD
SUITE 103
ORLANDO, FL 32828

Mailing Address
4870 BLUE MAJOR DRIVE
WINDERMERE, FL 34786-6493 US



03212008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3939112	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

PHAM, MY ANH THI MRS.
4870 BLUE MAJOR DRIVE
WINDERMERE, FL 34786-6493

**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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

U00000877539
04/14/08-80018-016 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PHAM, MY ANH THI MRS. 4870 BLUE MAJOR DRIVE WINDERMERE, FL 347866493
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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: *X [Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 3/25/08

Date

X

Daytime Phone #