



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000167165 1. Entity Name JULIE'S NAIL SALON, INC.					
Principal Place of Business 39032 US HIGHWAY 19 NORTH TARPON SPRINGS, FL 34689			Mailing Address 39032 US HIGHWAY 19 NORTH TARPON SPRINGS, FL 34689		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		02222007 Chg-P CR2E034 (12/06)	
4. FEI Number 76-0819975				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LE, LAN T 39032 US HIGHWAY 19 NORTH TARPON SPRINGS, FL 34689			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD LE, LAN T 39032 US HIGHWAY 19 NORTH TARPON SPRINGS, FL 34689	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LE, LAN T 39032 US HIGHWAY 19 NORTH TARPON SPRINGS, FL 34689	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LE, LAN T 39032 US HIGHWAY 19 NORTH TARPON SPRINGS, FL 34689	000000671260 03/28/07-80021-023 150.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LE, LAN T 39032 US HIGHWAY 19 NORTH TARPON SPRINGS, FL 34689	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LE, LAN T 39032 US HIGHWAY 19 NORTH TARPON SPRINGS, FL 34689	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LE, LAN T 39032 US HIGHWAY 19 NORTH TARPON SPRINGS, FL 34689	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	LE, LAN T 39032 US HIGHWAY 19 NORTH TARPON SPRINGS, FL 34689	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u>LAN TH LU</u>		<u>3/14/07</u>		<u>727-942-9613</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	