


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90057 007 ***150.00

DOCUMENT # P06000013361		
1. Entity Name AMERICA BEAUTY NAIL, INC		

Principal Place of Business 1301 E. IRLON BRONSON MEMORIAL HWY ST CLOUD, FL 34771	Mailing Address 9926 MOUNTAIN LAKE DRIVE ORLANDO, FL 32832
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40036920

2. Principal Place of Business - No P.O. Box #		3. Mailing Address 8853 Wazwick Shore Crossing	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Orlando FLORIDA	
Zip	Country	Zip	Country
32829	USA	32829	USA



02262007 Chg-P CR2E034 (12/06)

4. FEI Number 20-4218893		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 NGO, CUONG T 1301 E. IRLON BRONSON MEMORIAL HWY ST CLOUD, FL 34771		7. Name and Address of New Registered Agent Name MYNGOC NGUYEN Street Address (P.O. Box Number is Not Acceptable) 1301 E. IRLON BRONSON MEMORIAL HWY City Orlando FL Zip Code 34771	
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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: Myngoc Nguyen President DATE: 03-15-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NGUYEN, MYNGOL T 1301 E. IRLON BRONSON MEMORIAL HWY. ST. CLOUD, FL 34771 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 807, 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: Myngoc Nguyen MYNGOC NGUYEN DATE: 03-15-07 (407)-891-8848
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR