**FILED**
**Aug 30, 2007 8:00 am**
**Secretary of State**
07-25-2007 90044 025 ***150.00

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P06000034326

1. Entity Name

UN NAIL, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1201 E. BLUE HERON BLVD<br>SINGER ISLAND FL 33404 | 1201 E. BLUE HERON BLVD<br>SINGER ISLAND FL 33404 |

2nd MOORE CR2E034 (4/07)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 204449380 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| LAM, HOA<br>1201 E. BLUE HERON BLVD<br>SINGER ISLAND FL 33404 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____ DATE

**FILE NOW!!! FEE IS $550.00**
**DUE BY September 5, 2007**
**Make Check Payable to Florida Department of State**

S 607.193(2)(b), F.S., allows for the waiver of the $400.00 late fee. By checking this box the corporation certifies it did not receive prior notice. Fee to file is $150.00. ☑

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 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>LAM, HOA<br>4225 45TH LOT G18<br>WEST PALM BEACH FL 33407 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>LAM, HOA<br>5282 VICTORIA CIR<br>WEST PALM BEACH FL 33409-7842 ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>HUYNH, VAN<br>4225 45TH LOT G18<br>WEST PALM BEACH FL 33407 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>HUYNH, VAN<br>5282 VICTORIA CIR<br>WEST PALM BEACH FL 33409-7842 ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DIR<br>LAM, MAI<br>4225 45TH LOT G18<br>WEST PALM BEACH FL 33407 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DIR<br>LAM, MAI<br>5282 VICTORIA CIR<br>WEST PALM BEACH FL 33409-7842 ☑ Change ☐ Addition |
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| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DIR<br>LAM, SON<br>4225 45TH LOT G18<br>WEST PALM BEACH FL 33407 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DIR<br>LAM, SON<br>5282 VICTORIA CIR<br>WEST PALM BEACH FL 33409-7842 ☑ Change ☐ 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 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:** _____ 08-27-07
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #