


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000065120	
1. Entity Name THANH NGUYEN SALON, INC.	

Principal Place of Business 5869 UNIVERSITY BLVD W JACKSONVILLE, FL 32216	Mailing Address 5869 UNIVERSITY BLVD W JACKSONVILLE, FL 32216
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DO NOT WRITE IN THIS SPACE



01132008 No Chg-P CR2E034 (11/05)


4. FEI Number 20-4848662	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**NGUYEN, THANH
5869 UNIVERSITY BLVD W
JACKSONVILLE, FL 32216**

**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  DATE **2-6-08**

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, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees	U000000821557 02/19/08-80031-003 163.75
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10. OFFICERS AND DIRECTORS

TITLE	P
NAME	NGUYEN, THANH
STREET ADDRESS	5869 UNIVERSITY BLVD W
CITY-ST-ZIP	JACKSONVILLE, FL 32216
TITLE	VP
NAME	NGUYEN, FARAH
STREET ADDRESS	5869 UNIVERSITY BLVD W
CITY-ST-ZIP	JACKSONVILLE, FL 32216
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  **2-6-08 (904) 338-3131**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #