## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000100644

JONES, MYLE T

705 SPENCER DRIVE

FORT WALTON BEACH, FL 32547 US

Name:

Address: City-St-Zip:

Entity Name: USA BEAUTY & NAILS SUPPLY INCORPORATED

FILED Apr 27, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 331 MARY ESTHER BOULEVARD 331 MARY ESTHER BOULEVARD MARY ESTHER, FL 32569 MARY ESTHER, FL 32569 **Current Mailing Address: New Mailing Address:** 331 MARY ESTHER BOULEVARD 331 MARY ESTHER BOULEVARD MARY ESTHER, FL 32569 MARY ESTHER, FL 32569 FEI Number: 20-5288126 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: TRAN, DUNG N 507 FÁLLIN WATERS DRIVE MARY ESTHER, FL 32569 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition TRAN, DUNG N Name: Name: 507 FALLIN WATERS DRIVE Address: Address: City-St-Zip: MARY ESTHER, FL 32569 US City-St-Zip: Title: VΡ Title: () Delete (X) Change ( ) Addition TRAN, NGOC ANH T Name: Name: TRAN, NGOC ANH T 507 FALLIN WTERS DRIVE 507 FALLIN WATERS DRIVE Address: Address: MARY ESTHER, FL 32569 US MARY ESTHER, FL 32569 US City-St-Zip: City-St-Zip: Title: Title: ( ) Delete () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: DUNG NGOC TRAN P 04/27/2007