

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90017 017 ***150.00

DOCUMENT # P06000116951

1. Entity Name

LOVELY NAILS BY TU VAN INC.



Principal Place of Business

3095 S MILITARY TRAIL
STE 5
LAKE WORTH FL 33463-2108

Mailing Address

3095 S MILITARY TRAIL
STE 5
LAKE WORTH FL 33463-2108



2. Principal Place of Business - No P.O. Box #

2859 S. MILITARY TRAIL

3. Mailing Address

2859 S. MILITARY TRAIL, #B

Suite, Apt. #, etc.

Suite B

Suite, Apt. #, etc.

Suite B

1st MOORE

CR2E034 (10/07)

City & State

WEST PALM BEACH, F.L.

City & State

WEST PALM BEACH, F.L.

Zip

33415

Country

PALE BEACH

Zip

33415

Country

PALE BEACH

A. FEI Number

41-2215966

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

WYMAN, ROBERT W

3095 S MILITARY TRAIL

STE 5

LAKE WORTH FL 33463-2108

Name

WYMAN, ROBERT W.

Street Address (P.O. Box Number is Not Acceptable)

5641 WALTHAM WAY

LAKE WORTH

City

LAKE WORTH

FL

Zip Code

33463-6607

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

Signature, typed or printed name of registered agent and his or her successor.

(NOTE: Registered Agent signature required when submitting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME VAN, TU THI
STREET ADDRESS 2859 S MILITARY TRAIL, #B
CITY-STATE-ZIP W PALM BEACH FL 33415

☐ Delete

TITLE D
NAME VAN, THUA
STREET ADDRESS 2859 S MILITARY TRAIL, #B
CITY-STATE-ZIP W PALM BEACH FL 33415

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TITLE
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition

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CITY-STATE-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

THUA VAN

Mar. 07, 08 754 245 0665