04/22/2004 04:29 9543459903 RICHARD L KA

FILED
May 04, 2004 8:00 am
Secretary of State
05-04-2004 90213 009 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000015105

1. Entity Name
NAIL FAMOUS, INC.

Principal Place of Business	Mailing Address
9571 W. ATLANTIC BLVD. CORAL SPRINGS, FL 33071 US	~~P.O.BOX 770398~~ ~~CORAL SPRINGS, FL 33077 US~~ 9562 NW 52 PL. CORAL SPRINGS, FL 33076

44044342

04212004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0653616
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

VUONG, GARY
9562 NW 52 PLACE
CORAL SPRINGS, FL 33076

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
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, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	VUONG, GARY
STREET ADDRESS	9562 NW 52 PLACE
CITY-ST-ZIP	CORAL SPRINGS, FL 33076
TITLE	VP
NAME	NGUYEN, TRUE
STREET ADDRESS	9562 NW 52ND PLACE
CITY-ST-ZIP	~~POMPANO BEACH~~, FL 33076
TITLE	
NAME	CORAL SPRINGS
STREET ADDRESS	
CITY-ST-ZIP	
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 exemption stated in Section 119.07(3)(i), 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: Gary Vuong GARY VUONG 4/29/04
SIGNATURE AND TYPED OR PRINTED NAME OF ASSOCIATED OFFICER OR DIRECTOR Date Daytime Phone #