1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000017137**

STUDIO NAILS, INC.

Principal Place of Business

2. Principal Place of Business

5340 E BAY DR

CLEARWATER FL 34624 US

Mailing Address

5340 E BAY DR CLEARWATER FL 34624

2a. Mailing Address

FILED Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90074 041 ***150.00



DO NOT WRITE IN THIS SPACE

Applied For

3. Date incorporated or Qualifed

02/23/1996 4. FEI Number

21 5346	S E. BAY DK.	126 5346 E. BAY	DK.		59-3362739			Applicable_	
Suite, Apt.		Suite, Apt. #, etc.			5. Certifcate of Status	Desired	\$8.75 A		
22		27			5. Certificate of Status	Desired	Fee Req	quired	
City & Sta	te ·	City & State			6. Election Campaign	Financing	\$5.00 h	May Be	
23 CLEA	HRWATER FL	28 CLEARWATER	FL		Trust Fund Contrib	ution	Added to	Fees	
Zip	Country	Zip	Country	_	8. This corporation ov	ves the current year			
24 34	624 25 US	29 34624 30	<u>U.S</u>	2	Personal Property			□No	
	9. Name and Address of Current	Registered Agent			10. Name and Addres	s of New Register	red Agent		
	CATAL ARTHUR IN ALL		81 1	Name					
NGUYEN, ANTHONY N				82 Street Address (P.O. Box Number is Not Acceptable)					
5340 E BAY DR									
CLE	ARWATER FL 34624	•	83						
1			84 (City	-		85 Zip C	ode	
* i			64 \	City			FL 63 24 3	-000	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes, th	ne above-n	named o	orporation submits this stater	nent for the purpose	e of changing its r	registered	
office or	registered agent, or both, in the State of am familiar with, and accept the obligation	Florida. Such change was author	nzea by the	е согрог	ation's board of directors. I h	ereby accept the ar	pointment as reg	ıstered	
,		ino or, acculant our loods, i follow t				•			
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: Regis	stered Agent sk	gnature rec	quired when reinstating)	DATE	<u> </u>		
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANG	ES TO OFFICERS	AND DIRECTOR	RS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE		PD		☐ Change	Addition	
NAME !	NGUYEN, ANTHONY N		1.2 NAME		NGUYEN, ANTH	ONY N			
STREET ADDRESS	FOAD E DAY DD		1.3 STREET AD	DORESS	5346 E BAY	i)d			
i	CLEARWATER FL	·	1.4 CITY-ST-Z	- 1	CLEARWATER.	FL			
CITY-ST-ZIP TITLE			2.1 TITLE				☐ Change	☐ Addition	
NAME .			2.2 NAME	1					
			2.3 STREET AD	ODRESS	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			· ·	
STREET ADDRESS			2. 4 CITY-ST-Z				•		
CITY-ST-ZIP			2. 4 CH Y-51-2 3.1 TITLE	<u> </u>			Change	Addition	
TITLE '	1		3.2 NAME				_ •	_	
NAME :				DDDE00	•				
STREET ADDRESS			3.3 STREET AD						
CITY-ST-ZIP			3.4, CITY-ST-Z	ZIP			Change	Addition	
TITLE		·	4,1 TITLE						
NAME	}		4. 2 NAME						
STREET ADORESS	,		4.3 STREET AD	- 1			-		
CITY-ST-ZIP			4.4 CITY-ST-Z	IP			Charge	Addition	
TITLE			5.1 TITLE				☐ Change	EJ Addition	
NAME			5.2 NAME						
STREET ADDRESS	s .		5.3 STREET AL	٠					
CITY-ST-ZIP	<u>国际管理的</u>		5.4 CITY-ST-Z	ZIP					
TITLE (30)	्र विक्रमा १ वर्ष	_ Deterie	6.1 TITLE				☐ Change	☐ Addition	
NAME 1	¥PAXY XYYX		6.2 NAME		•				
STREET ADDRESS			6.3 STREET AD	DDRESS					
CITY-ST-ZIP			6.4 CITY-ST-Z	IP					

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: