

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2005 8:00 am
Secretary of State

02-18-2005 90057 031 ***150.00

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1. Entity Name
CC-NAILS, INC.



Principal Place of Business
**5309 BLACK PINE DR
TAMPA, FL 33624 US**

Mailing Address
**5309 BLACK PINE DR
TAMPA, FL 33624 US**

20012670



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02152005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
59-3562779

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

**HUONG, THI MAI
5309 BLACK PINE DR
TAMPA, FL 33624**

7. Name and Address of New Registered Agent

Name **NGUYEN, LAM**

Street Address (P.O. Box Number is Not Acceptable)
5309 BLACK PINE DR

City **TAMPA** **FL** Zip Code **33624**

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 *Lam Nguyen*

(Signature typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

2/15/05

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **PTSD** ☒ Delete
NAME **HUONG, THI MAI**
STREET ADDRESS **5404 FRIARSWAY DRIVE**
CITY-ST-ZIP **TAMPA, FL 33624**

TITLE **V** ☐ Delete
NAME **NGUYEN, CHAU P**
STREET ADDRESS **5404 FRIARSWAY DR**
CITY-ST-ZIP **TAMPA, FL 33624**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P.T.D** ☒ Change ☐ Addition
NAME **NGUYEN, CHAU**
STREET ADDRESS **5309 BLACK PINE DR**
CITY-ST-ZIP **TAMPA FL 33624**

TITLE **V.P.S** ☐ Change ☒ Addition
NAME **LAM NGUYEN**
STREET ADDRESS **5309 BLACK PINE DR**
CITY-ST-ZIP **TAMPA FL 33624**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

15/2/05