## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Mar 14, 2007 8:00 am Secretary of State DOCUMENT # P98000001809 03-14-2007 90024 023 \*\*\*150.00 1. Entity Name #1 LA NAILS, INC. Principal Place of Business Mailing Address 4111133444 661 BLANDING BOULEVARD 661 BLANDING BOULEVARD SUITE #303 510 SUITE #303- 5/0 ORANGE PARK, FL 32073 ORANGE PARK, FL 32073 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02282007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 59-3497010 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent usen NGUYEN, TRI Street Address (P.O. Box Number is No Acceptable) 661 BLANDING BLVD STE-80+ SIO ORANGE PARK, FL 32073 8. The above named entity submits this statement for the purpose of changing its registered office or registered again, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent SIGNATURE name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete ☐ Change ☐ Addition TITLE TITLE NGUYEN, TRI NAME NAME 1064 RENE COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORANGE PARK, FL 32073 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NGUYEN, LOAN NAME NAME STREET ADDRESS 1064 RENE COURT STREET ADDRESS ORANGE PARK, FL 32073 CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Change ☐ Addition ☐ Delete DDE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under eath; 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: TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**