

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 13, 2005 8:00 am
Secretary of State

06-24-2005 90001 019 ***150.00
07-13-2005 90018 005 ***408.75

DOCUMENT # P99000040777 1. Entity Name QUEEN NAILS OF JACKSONVILLE, INC.					
Principal Place of Business 5751 NORTH MAIN STREET STE. 103 JACKSONVILLE, FL 32208			Mailing Address 5751 NORTH MAIN STREET STE. 103 JACKSONVILLE, FL 32208		
2. Principal Place of Business 5751 N. Main St. Suite, Apt. #, etc. 108		3. Mailing Address 5751 N. Main St. Suite, Apt. #, etc. 108		14018846 	
City & State Jacksonville		City & State Jacksonville		4. FEI Number 59-3573677	
Zip 32208		Zip 32208		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHAU, PHUOC D. 5751 NORTH MAIN STREET STE. 103 JACKSONVILLE, FL 32208				7. Name and Address of New Registered Agent Name CHAU, Phuoc D. Street Address (P.O. Box Number is Not Acceptable) 5751 N. Main St. Ste 108 City Jacksonville FL Zip Code 32208	
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 6/15/05 <small>Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST CHAU, PHUOC D 5751 NORTH MAIN STREET STE. 103 JACKSONVILLE, FL 32208	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST CHAU, PHUOC D. 5751 N. MAIN ST. STE 108 Jacksonville, FL 32208	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST CHAU, PHUOC D. 5751 N. MAIN STREET STE. 103 JACKSONVILLE, FL 32208	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST CHAU, PHUOC D. 5751 N. MAIN ST. STE 108 Jacksonville, FL 32208	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST CHAU, PHUOC D. 5751 N. MAIN STREET STE. 103 JACKSONVILLE, FL 32208	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST CHAU, PHUOC D. 5751 N. MAIN ST. STE 108 Jacksonville, FL 32208	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST CHAU, PHUOC D. 5751 N. MAIN STREET STE. 103 JACKSONVILLE, FL 32208	<input type="checkbox"/> Delete			
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: 6/15/05 904-358-7352 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					