



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

02-03-2006 90012 013 ***150.00

| | | | | | |
|--|--|---------|---|---|----------|
| DOCUMENT # P99000058434 | | | |  | |
| 1. Entity Name BE - NAILS, INCORPORATED | | | | | |
| Principal Place of Business 10801 SATARKEY ROAD STE NO 10 LARGO, FL 33777 | | | Mailing Address 10801 SATARKEY ROAD STE NO 10 LARGO, FL 33777 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | Zip | | Country |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| PHAN, HUNG 10801 STARKEY ROAD #10 LARGO, FL 33777 | | | | Name | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | | | City | |
| | | | | FL | Zip Code |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | | |
| PVTS PHAN, HUNG 10801 STARKEY ROAD # 10 LARGO, FL 33777 <input type="checkbox"/> Delete | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | | |
| Vice President Hien Thi Tran 7157 76th St N Pinellas Park, FL 33781 <input type="checkbox"/> Delete | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | | |
| <input type="checkbox"/> Delete | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | | |
| <input type="checkbox"/> Delete | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | | |
| <input type="checkbox"/> Delete | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| 12. I hereby certify that the information supplied with this filing 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 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:  | | | HUNG PHAN, PRES 4/24/06 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date Daytime Phone # | | |

2/:

65013751



01182008 Chg-P CR2E034 (11/05)

4. FEI Number 59-3586404 Applied For Not Applicable

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