

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90032 009 \*\*\*150.00

**DOCUMENT # P07000056473**

1. Entity Name

ANGEL # 1 NAIL & SPA INC.



Principal Place of Business

21035 SW 89 PL  
MIAMI FL 33189

Mailing Address

21035 SW 89 PL  
MIAMI FL 33189

8970 S.W. 72nd Court  
MIAMI, FL 33156



2. Principal Place of Business - No P.O. Box #

8970 S.W. 72nd Court  
Suite, Apt. #, etc. C-108

3. Mailing Address

21035 S.W. 89 PL  
Suite, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State

MIAMI, Florida

City & State

MIAMI, Florida

4. FEI Number

20-5981953

Applied For

Not Applicable

Zip

33156

Country

USA

Zip

33189

Country

USA

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

NGUYEN, ANTHONY  
21035 SW 89 PL  
MIAMI FL 33189

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

4/01/08

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P/D ☐ Delete  
NAME NGUYEN, ANTHONY  
STREET ADDRESS 21035 SW 89 PL  
CITY-ST-ZIP MIAMI FL 33189

TITLE VP ☐ Delete  
NAME LIEN, HON  
STREET ADDRESS 21035 SW 89 PL  
CITY-ST-ZIP MIAMI FL 33189

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 ☐ 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

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 exemptions contained in Section 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

ANTHONY NGUYEN

4/01/08

Date

786-271-4727

Daytime Phone #