

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000017680

**Entity Name:** JULIE'S NAILS & SPA, INC.

**Current Principal Place of Business:**

10801 STARKEY RD.  
SEMINOLE, FL 33772

**FILED**  
**Apr 12, 2018**  
**Secretary of State**  
**CC5893771869**

**Current Mailing Address:**

10801 STARKEY RD.  
SEMINOLE, FL 33772

**FEI Number: 27-5038067**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

HAN, CHI  
10801 STARKEY RD.  
SEMINOLE, FL 33772 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

|                 |                   |                 |                   |
|-----------------|-------------------|-----------------|-------------------|
| Title           | P/D               | Title           | VP/D              |
| Name            | HAN, CHI          | Name            | VU, HIEN          |
| Address         | 10801 STARKEY RD. | Address         | 10801 STARKEY RD. |
| City-State-Zip: | SEMINOLE FL 33772 | City-State-Zip: | SEMINOLE FL 33772 |

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: HAN , CHI**

**P**

**04/12/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date