

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000015976

**Entity Name:** ANGEL NAILS & SPA BY LAM INC.

**Current Principal Place of Business:**

32773 EILAND BLVD  
ZEPHYHILLS, FL 33545

**Current Mailing Address:**

32773 EILAND BLVD  
ZEPHYHILLS, FL 33545

**FEI Number:** 46-2100550

**Certificate of Status Desired:** Yes

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

LAM, AU  
32773 EILAND BLVD  
ZEPHYHILLS, FL 33545 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  
Name LAM, AU  
Address 4150 BRANCH SIDE LANE  
City-State-Zip: WESLEY CHAPEL FL 33543

Title VP/D  
Name LE, PATRICK  
Address 4150 BRANCH SIDE LANE  
City-State-Zip: WESLEY CHAPEL FL 33543

*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:** AU LAM

**PRESIDENT**

**01/16/2014**

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

\_\_\_\_\_  
Date