

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000063337

**Entity Name:** ANNABELLA'S NAILS INC.

**Current Principal Place of Business:**

445 STATE ROAD 13  
SUITE 27  
SAINT JOHNS, FL 32259

**Current Mailing Address:**

445 STATE ROAD 13  
SUITE 27  
SAINT JOHNS, FL 32259 US

**FEI Number:** 47-1429752

**Certificate of Status Desired:** No

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

LE, ANH T  
445 STATE ROAD 13  
SUITE 27  
SAINT JOHNS, FL 32259 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  
Name ANH, LE T  
Address 445 STATE RD 13 STE 27  
City-State-Zip: JACKSONVILLE FL 32259

*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:** ANH T. LE

**PRES.**

**04/04/2016**

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

\_\_\_\_\_  
Date