Current Pril	ncipal Place of Business:			
19511 SHERID	DAN ST			
FORT LAUDER	RDALE, FL 33332			
Current Mai	iling Address:			
19511 SHEF	RIDAN ST			
FORT LAUD	DERDALE, FL 33332 US			
FEI Number: 47-2393264			Certificate of Status Desired: No	
Name and A	Address of Current Registered Agent	:		
THO LE				
1101 \\\\/ 18.7\\				
1191 NW 182N PEMBROKEPII	NES, FL 33029 US			
PEMBROKEPII	NES, FL 33029 US	ing its registered office or regis	torad agant or both in the State of El	orida
PEMBROKEPII	NES, FL 33029 US	ing its registered office or regis	tered agent, or both, in the State of Fl	
PEMBROKEPII	NES, FL 33029 US	ing its registered office or regis	tered agent, or both, in the State of Fl	01/30/2021
PEMBROKEPII	NES, FL 33029 US	ing its registered office or regis	tered agent, or both, in the State of Fl	
PEMBROKEPII The above name SIGNATURE	NES, FL 33029 US Indentity submits this statement for the purpose of chang E: MANAGER	ing its registered office or regis	tered agent, or both, in the State of Fl	01/30/2021
PEMBROKEPII The above name SIGNATURE	NES, FL 33029 US ed entity submits this statement for the purpose of chang E: MANAGER Electronic Signature of Registered Agent	ing its registered office or regis	tered agent, or both, in the State of Fl	01/30/2021
PEMBROKEPII The above name SIGNATURE Officer/Dire	NES, FL 33029 US d entity submits this statement for the purpose of chang E: MANAGER Electronic Signature of Registered Agent ector Detail :			01/30/2021
PEMBROKEPI The above name SIGNATURE Officer/Dire Title	NES, FL 33029 US d entity submits this statement for the purpose of chang E: MANAGER Electronic Signature of Registered Agent ector Detail : P	Title	VP	01/30/2021
PEMBROKEPII The above name SIGNATURE Officer/Dire Title Name	NES, FL 33029 US Ind entity submits this statement for the purpose of chang E: MANAGER Electronic Signature of Registered Agent Elector Detail : P LE, THO V 1191 NW 182ND WAY	Title Name	VP NGUYEN, LE V 1191 NW 182ND WAY	01/30/2021

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: THO VAN LE LOVALY NAILS IN SHERIDAN C

01/30/2021

Electronic Signature of Signing Officer/Director Detail

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14000097404

Entity Name: LOVELY NAILS IN SHERIDAN CORP.

FILED Jan 30, 2021 **Secretary of State** 0465143041CC

PRESIDENT