

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000014747

**Entity Name:** KIM NAILS N SALON INC

**Current Principal Place of Business:**

931 N STATE ROAD 434  
STE 1185  
ALTAMONTE SPRINGS, FL 32714

**Current Mailing Address:**

931 N STATE ROAD 434  
STE 1185  
ALTAMONTE SPRINGS, FL 32714 US

**FEI Number:** 46-1022242

**Certificate of Status Desired:** No

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

CDQ SERVICES  
1216 E COLONIAL DRIVE STE 10  
ORLANDO, FL 32803 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:** FRANK Q LE

03/09/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name VO, TUAN T  
Address 1517 ADRIATIC DRIVE  
City-State-Zip: OCOEE FL 34761

*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:** TUAN T VO

P

03/09/2016

Electronic Signature of Signing Officer/Director Detail

Date