

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 14, 2007 8:00 am
Secretary of State

08-14-2007 90008 006 ***550.00

DOCUMENT # P00000001555

1. Entity Name

ELEGANT NAILS AND SPA, INC.



Principal Place of Business

425 S. AVALON PARK BLVD.
SUITE A-4
ORLANDO FL 32828
US

Mailing Address

9053 TUSCAN VALLEY PL.
ORLANDO FL 32825
US



2. Principal Place of Business - No P.O. Box #

425 S. AVALON PARK BLVD

3. Mailing Address

9053 Tuscan valley PL

Suite, Apt. #, etc.

Suite # 700

Suite, Apt. #, etc.

2nd MOORE

CR2E034 (4/07)

City & State

ORLANDO FL

City & State

ORLANDO FL

4. FEI Number

59-3605281

Applied For

Not Applicable

Zip

32828

Country

OR

Zip

32825

Country

OR

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DEO, PHONG
9053 TUSCAN VALLEY PL.
ORLANDO FL 32825

7. Name and Address of New Registered Agent

Name

PHONG DEO

Street Address (P.O. Box Number is Not Acceptable)

9053 Tuscan valley PL

ORLANDO FL

City

FL

Zip Code

32825

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

8-6-07

FILE NOW!!! FEE IS \$550.00

DUE BY September 5, 2007

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

9. Election Campaign Financing
Trust Fund Contribution: ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P
NAME DEO, PHONG ☐ Delete
STREET ADDRESS 9053 TUSCAN VALLEY PL.
CITY-ST-ZIP ORLANDO FL 32825

TITLE V
NAME THANH, PHAM ☐ Delete
STREET ADDRESS 9053 TUSCAN VALLEY PL.
CITY-ST-ZIP ORLANDO FL 32825

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PHONG DEO

8-6-07

Date

Daytime Phone #

407 924 7986