

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000120052

Entity Name: NAILSPA OF DESTIN, INC.

FILED
Jul 14, 2009
Secretary of State

Current Principal Place of Business:

34904 EMERALD COAST PKWY 3124
DESTIN, FL 32541

New Principal Place of Business:

Current Mailing Address:

34904 EMERALD COAST PKWY 3124
DESTIN, FL 32541

New Mailing Address:

FEI Number: 83-0374632

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NGUYEN, THOMAS T
267 MATTIE M KELLY BLVD
DESTIN, FL 32541 US

Name and Address of New Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: NGUYEN, THOMAS T
Address: 267 MATTIE M KELLY BLVD
City-St-Zip: DESTIN, FL 32541

Title: D () Delete
Name: NGUYEN, XUAN THU T
Address: 267 MATTIE M KELLY BLVD
City-St-Zip: DESTIN, FL 32541

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: THOMAS T NGUYEN

MR.

07/14/2009

Electronic Signature of Signing Officer or Director

Date