

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 03, 2006 08:00 AM**  
**Secretary of State**

|                                                           |                                                                                    |
|-----------------------------------------------------------|------------------------------------------------------------------------------------|
| <b>DOCUMENT # P04000165983</b>                            |  |
| 1. Entity Name<br><b>VICTORIA'S NAILS &amp; SPA, INC.</b> |                                                                                    |

|                                                                                 |                                                                     |
|---------------------------------------------------------------------------------|---------------------------------------------------------------------|
| Principal Place of Business<br><b>4139 E. TAMiami TRAIL<br/>NAPLES FL 34112</b> | Mailing Address<br><b>4139 E. TAMiami TRAIL<br/>NAPLES FL 34112</b> |
|---------------------------------------------------------------------------------|---------------------------------------------------------------------|

|                                                                |         |                     |         |
|----------------------------------------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business<br><b>4139 E. TAMiami TRAIL</b> |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.<br><b>NAPLES, FL 34112</b>                 |         | Suite, Apt. #, etc. |         |
| City & State                                                   |         | City & State        |         |
| Zip                                                            | Country | Zip                 | Country |



1st MOORE CR2E034 (10/05)

|                                    |                                                        |
|------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>20-2357899</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--------------------------------------------------------|

|                                                           |                                       |
|-----------------------------------------------------------|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b> |
|-----------------------------------------------------------|---------------------------------------|

|                                                                                                                              |  |                                                    |             |
|------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------|-------------|
| 6. Name and Address of Current Registered Agent<br><b>NGUYEN, DUNG KIM THI<br/>4139 E. TAMiami TRAIL<br/>NAPLES FL 34112</b> |  | 7. Name and Address of New Registered Agent        |             |
|                                                                                                                              |  | Name                                               |             |
|                                                                                                                              |  | Street Address (P.O. Box Number is Not Acceptable) |             |
|                                                                                                                              |  | City                                               | FL Zip Code |

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 fee (if applicable)

(NOTE: Registered Agent signature required when reinstating)

**3/25/06**  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing **\$5.00** May  
Trust Fund Contribution. ☐ Added to Fees

| 10. OFFICERS AND DIRECTORS                     |                                                                                                                   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                                                                         |
|------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P, T<br>NGUYEN, DUNG KIM THI<br>6475 COLLEGE PARK CIRCLE, #203<br>NAPLES FL 34113 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Add<br><b>000000489699</b><br><b>04/18/06-80024-019 150.00</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP/S<br>PHAN, LY GIA<br>6475 COLLEGE PARK CIRCLE, #203<br>NAPLES FL 34113 <input type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                            |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

**DUNG NGUYEN**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/25/06 (239) 425-980**  
Date Daytime Phone