

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90048 009 \*\*\*158.75

DOCUMENT # P04000165983

1. Entity Name

VICTORIA'S NAILS & SPA, INC.



Principal Place of Business  
4139 E. TAMiami TRAIL  
NAPLES FL 34112

Mailing Address  
4139 E. TAMiami TRAIL  
NAPLES FL 34112



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

4139 E. TAMiami TRAIL

Suite, Apt. #, etc.

NA

City & State

NAPLES

Zip

FL 34112

Country

USA

3. Mailing Address

4139 E. TAMiami TRAIL

Suite, Apt. #, etc.

City & State

NAPLES

Zip

FL 34112

Country

USA

1st MOORE

CR2E034 (10/06)

4. FEI Number 20-2357899

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NGUYEN, DUNG KIM THI  
4139 E. TAMiami TRAIL  
NAPLES FL 34112

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P, T  
NGUYEN, DUNG KIM THI  
6475 COLLEGE PARK CIRCLE, #203  
NAPLES FL 34113 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VP/S  
PHAN, LY GIA  
6475 COLLEGE PARK CIRCLE, #203  
NAPLES FL 34113 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P, T  
NGUYEN, DUNG KIM THI  
4005 BRUSH LANE,  
NAPLES, FL 34112 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VP/S  
PHAN, LY GIA  
4005 BRUSH LANE,  
NAPLES, FL 34112 ☐ Change ☒ Addition

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DUNG NGUYEN

Mar 29, 07 (239) 775

Date

Daytime Phone #

9899