

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000103557

FILED  
Mar 30, 2012  
Secretary of State

**Entity Name:** MATRIX BEAUTY NAIL & SALON, INC.

**Current Principal Place of Business:**

4532 S. MANHATTAN AVE  
SUITE A  
TAMPA, FL 33611

**New Principal Place of Business:**

**Current Mailing Address:**

4532 S. MANHATTAN AVE  
SUITE A  
TAMPA, FL 33611

**New Mailing Address:**

**FEI Number:** 20-5341899

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DO, LIEN M  
4532 S. MANHATTAN AVE  
SUITE A  
TAMPA, FL 33611 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: DO, LIEN M  
Address: 4619 W. EL PRADO BLVD  
City-St-Zip: TAMPA, FL 33629

Title: VP  
Name: DO, HUONG  
Address: 4619 W. EL PRADO BLVD  
City-St-Zip: TAMPA, FL 33629

Title: D  
Name: HUYNH, DU  
Address: 4619 W. EL PRADO BLVD  
City-St-Zip: TAMPA, FL 33629

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: LIEN DO

P

03/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date