

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90430 035 \*\*\*150.00

**DOCUMENT # P06000136064**

1. Entity Name  
**SAIGON BY THE SEA NAILS SPA, INC**



Principal Place of Business  
**263 COMMERCIAL BLVD  
SUITE C  
LAUDERDALE BY THE SEA, FL 33308**

Mailing Address  
**263 COMMERCIAL BLVD  
SUITE C  
LAUDERDALE BY THE SEA, FL 33308**

40090140



2. Principal Place of Business - No P.O. Box #  
**263 COMMERCIAL BLVD**

3. Mailing Address  
**263 COMMERCIAL BLVD**

Suite, Apt. #, etc.  
**SUITE C**

04192007 Chg-P CR2E034 (12/06)

City & State  
**LAUDERDALE BY THE SEA**

City & State  
**LAUDERDALE BY THE SEA**

Zip  
**33308**

Country  
**BROWARD**

4. FEI Number  
**35-2282261**

☒ Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**NGUYEN, KIM  
4749 NW 7 TH MANOR  
COCONUT CREEK, FL 33063**

7. Name and Address of New Registered Agent

Name  
**NGUYEN KIM**

Street Address (P.O. Box Number is Not Acceptable)  
**4749 NW 7 TH MANOR**

City  
**COCONUT CREEK**

FL  
**33063**

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 \_\_\_\_\_ DATE **4/25/07**

Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P NGUYEN, KIM 4749 NW 7 TH MANOR COCONUT CREEK, FL 33063</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Shelley Nelson** Date **954-771-7666**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR