

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000143898

**FILED**  
**Apr 03, 2011**  
**Secretary of State**

**Entity Name:** PINK MOON BEAUTY ENTERPRISE, INC

**Current Principal Place of Business:**

1954 W ST RD 426  
SUITE # 1148  
OVIDO, FL 32765

**New Principal Place of Business:**

**Current Mailing Address:**

9042 STOCKTON CT  
ORLANDO, FL 32817

**New Mailing Address:**

**FEI Number:** 56-2619667

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WILSON'S NAILS SALON  
1954 W ST RD 426  
SUITE # 1148  
OVIDO, FL 32765 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: NGUYEN, VAN T  
Address: 9042 STOCKTON CT  
City-St-Zip: ORLANDO, FL 32817

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: VAN NGUYEN

P

04/03/2011

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

\_\_\_\_\_ Date