

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000113309

**FILED**  
**Mar 08, 2011**  
**Secretary of State**

**Entity Name:** L & D BEAUTY NAIL SUPPLY INC

**Current Principal Place of Business:**

4389 N. STATE ROAD 7  
LAUD LAKE, FL 33319

**New Principal Place of Business:**

4389 N. STATE ROAD 7  
LAUDERDALE LAKES, FL 33319

**Current Mailing Address:**

4389 N. STATE ROAD 7  
LAUD LAKE, FL 33319

**New Mailing Address:**

4389 N. STATE ROAD 7  
LAUDERDALE LAKES, FL 33319

**FEI Number:** 26-1234549

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

VO, VINH P  
4389 N STATE RD 7  
LAUDERDALE LAKES, FL 33319 US

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

VO, LIEN T  
4389 N. STATE ROAD 7  
LAUDERDALE LAKES, FL 33319 US

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: LIEN VO

03/08/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: VO, LIEN T  
Address: 4389 N. STATE ROAD 7  
City-St-Zip: LAUDERDALE LAKES, FL 33319

Title: SEC  
Name: VO, VINH P  
Address: 4389 N. STATE ROAD 7  
City-St-Zip: LAUDERDALE LAKES, FL 33319

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 VO

P

03/08/2011

Electronic Signature of Signing Officer or Director

Date