

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000074245

**Entity Name:** NAIL TRIX & SPA, INC

**FILED**  
**Feb 15, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

193 NW 136TH AVENUE  
SUN RISE, FL 33323

**New Principal Place of Business:**

193 NW 136TH AVENUE  
SUNRISE, FL 33323

**Current Mailing Address:**

193 NW 136TH AVENUE  
SUN RISE, FL 33323

**New Mailing Address:**

**FEI Number:** 26-3456577      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

NGUYEN, TRIEU B  
193 NW 136TH AVENUE  
SUN RISE, FL 33323      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, TRIEU B  
**Address:** 193 NW 136TH AVE  
**City-St-Zip:** SUN RISE, FL 33323

**Title:** GM  
**Name:** TRAN, VINH H  
**Address:** 6323 CLEARBROOK DRIVE  
**City-St-Zip:** MORROW, GA 30260

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: TRIEU NGUYEN

AGEN

02/15/2012

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

\_\_\_\_\_  
Date