

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000008813

**Entity Name:** TIP & TOES NAILS INC.

**FILED**  
**Mar 16, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

5935 CUPRESS GARDEN BLVD # 300  
WINTERHAVEN, FL 33884

**New Principal Place of Business:**

5935 CYPRESS GARDEN BLVD # 300  
WINTERHAVEN, FL 33884

**Current Mailing Address:**

5935 CUPRESS GARDEN BLVD # 300  
WINTERHAVEN, FL 33884

**New Mailing Address:**

**FEI Number:** 27-2415656

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NGUYEN, KIM  
5935 CUPRESS GARDEN BLVD # 300  
WINTERHAVEN, FL 33884 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: D/P  
Name: NGUYEN, KIM  
Address: 310 RUBY LAKE LOOP  
City-St-Zip: WINTERHAVEN, FL 33884

Title: D/VP  
Name: TRUONG, THUY  
Address: 140 HOMEWOOD DR  
City-St-Zip: WINTERHAVEN, FL 33880

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: KIM NGUYEN

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03/16/2011

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

\_\_\_\_\_  
Date