

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000009308

**FILED**  
**Apr 10, 2011**  
**Secretary of State**

**Entity Name:** LEE SPA & NAILS BY STEVEN INC.

**Current Principal Place of Business:**

5290 SR 100, STE# 102  
PALM COAST, FL 32164

**New Principal Place of Business:**

5290 SR 100, STE 102  
PALM COAST, FL 32164

**Current Mailing Address:**

1362 CRANE CREST WAY  
ORLANDO, FL 32825

**New Mailing Address:**

5290 SR 100, STE 102  
PALM COAST, FL 32164

**FEI Number:** 27-1830615

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NGUYEN, STEVEN L  
1362 CRANE CREST WAY  
ORLANDO, FL 32825 US

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

NGUYEN, STEVEN L  
5290 SR 100 STE 102  
PALM COAST, FL 32164 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

04/10/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: NGUYEN, STEVEN  
Address: 5290 SR 100 STE 102  
City-St-Zip: PALM COAST, FL 32164

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: STEVEN NGUYEN

P

04/10/2011

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

\_\_\_\_\_  
Date