

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000089178

**Entity Name:** LILY NAILS & SPA INC

**FILED**  
**Jan 30, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

8751 TEMPLE TERRACE HWY  
TEMPLE TERRACE, FL 33637 US

**New Principal Place of Business:**

3944 HILLSBOROUGH AVE  
TAMPA, FL 33614 US

**Current Mailing Address:**

4738 WHISPERING WIND AVE  
TAMPA, FL 33614 US

**New Mailing Address:**

**FEI Number:** 30-0701290

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

TRAN, XUAN DIEU T  
4738 WHISPERING WIND AVE  
TAMPA, FL 33614 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: TRAN, XUAN DIEU T  
Address: 4738 WHISPERING WIND AVE  
City-St-Zip: TAMPA, FL 33614 US

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: TRAN, XUAN DIEU T.

P

01/30/2012

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

\_\_\_\_\_  
Date