

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000064416

**Entity Name:** PRO NAILS SALON, INC.

**Current Principal Place of Business:**

10550 ST AUGUSTINE RD STE 1  
JACKSONVILLE, FL 32257

**Current Mailing Address:**

10550 ST AUGUSTINE RD STE 1  
JACKSONVILLE, FL 32257

**FEI Number:** 20-2782871

**Certificate of Status Desired:** No

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

LE, HOA  
10550 ST AUGUSTINE RD STE 1  
JACKSONVILLE, FL 32257 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

Date

**Officer/Director Detail :**

Title            P, VP  
Name            LE, HOA  
Address        10550 ST AUGUSTINE RD STE 1  
City-State-Zip: JACKSONVILLE FL 32257

*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:** HOA LE

**PRES**

**02/27/2016**

Electronic Signature of Signing Officer/Director Detail

Date