

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P22000023259

**Entity Name:** CITY NAILS PORT CHARLOTTE INC

**Current Principal Place of Business:**

18700 VETERANS BLVD  
STE 6  
PORT CHARLOTTE, FL 33954

**Current Mailing Address:**

18700 VETERANS BLVD  
STE 6  
PORT CHARLOTTE, FL 33954 US

**FEI Number:** 82-4172788

**Certificate of Status Desired:** No

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

NGUYEN, DANIEL P  
10491 6 MILE CYPRESS PKWY  
STE 244  
FORT MYERS, FL 33966 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  
Name PHAM, NGA  
Address 3383 TRAPPER LN  
City-State-Zip: NORTH PORT FL 34286

Title VP  
Name VAN, QUYEN C  
Address 3383 TRAPPER LN  
City-State-Zip: NORTH PORT FL 34286

*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:** NGA PHAM

P

04/17/2025

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date