

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000024638

FILED  
Apr 27, 2009  
Secretary of State

Entity Name: STAR DAY SPA, INC.

**Current Principal Place of Business:**

253 WESTSHORE PLAZA  
UNIT WW8  
TAMPA, FL 33609 US

**New Principal Place of Business:**

**Current Mailing Address:**

253 WESTSHORE PLAZA  
UNIT WW8  
TAMPA, FL 33609 US

**New Mailing Address:**

FEI Number: 26-2140943      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CAO, PHI D  
253 WESTSHORE PLAZA  
UNIT WW8  
TAMPA, FL 33609 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: CAO, PHI D  
Address: 253 WESTSHORE PLAZA  
City-St-Zip: TAMPA, FL 33609 US

Title: VD ( ) Delete  
Name: KIM, KHUONG  
Address: 253 WESTSHORE PLAZA  
City-St-Zip: TAMPA, FL 33609 US

Title: TD ( ) Delete  
Name: CAO, HANH  
Address: 253 WESTSHORE PLAZA  
City-St-Zip: TAMPA, FL 33609 US

Title: SD ( ) Delete  
Name: KIM, DIEP  
Address: 253 WESTSHORE PLAZA  
City-St-Zip: TAMPA, FL 33609 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: PHI CAO

P

04/27/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date