


2008 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 27, 2008 08:00 A
Secretary of State

DOCUMENT # P02000041992
 1. Entity Name
SUNLIGHT NAILS INC.



Principal Place of Business Mailing Address
348 E MICHIGAN ST **348 E MICHIGAN ST**
ORLANDO, FL 32806 **ORLANDO, FL 32806**

DO NOT WRITE IN THIS SPACE



03132008 No Chg-P CR2E034 (11/05)

4. FEI Number 81-0553068	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LI, JUN X
11055 DAWNVIEW LANE
ORLANDO, FL 32825

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution: **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	V LAM, IRENE M 14313 BLUEBIRD PARK RD WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P LI, JUN X 14313 BLUEBIRD PARK RD WINDERMERE, FL 34786
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Irene M. Lam** **3/21/08** **407-843-5399**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR /Date Daytime Phone #