

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000133847

**FILED**  
**Jan 21, 2011**  
**Secretary of State**

**Entity Name:** ALOHA HEALTH SPA ONE, INC.

**Current Principal Place of Business:**

3448 5TH AVENUE NORTH  
ST PETERSBURG, FL 33713

**New Principal Place of Business:**

**Current Mailing Address:**

3448 5TH AVENUE NORTH  
ST PETERSBURG, FL 33713

**New Mailing Address:**

FEI Number: 20-3559366

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SHIN, PARIS MARIE  
3448 5TH AVENUE NORTH  
ST PETERSBURG, FL 33713 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,T  
Name: SHIN, PARIS MARIE  
Address: 3448 5TH AVENUE NORTH  
City-St-Zip: ST PETERSBURG, FL 33713

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: PARIS MARIE SHIN

P

01/21/2011

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

\_\_\_\_\_ Date