

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000065103

Entity Name: ALIVIA NAILS, INC.

FILED
Mar 19, 2009
Secretary of State

Current Principal Place of Business:

425 W TOWN PLAZA STE 124
ST AUGUSTINE, FL 32092

New Principal Place of Business:

Current Mailing Address:

425 W TOWN PLAZA STE 124
ST AUGUSTINE, FL 32092

New Mailing Address:

FEI Number: 20-4848967

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LY, LISA
425 W TOWN PLAZA STE 124
ST AUGUSTINE, FL 32092 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: P () Delete
Name: LY, LISA
Address: 425 W TOWN PLAZA STE 124
City-St-Zip: ST AUGUSTINE, FL 32092

Title: VP () Delete
Name: VUONG, LY
Address: 425 W. TOWN PLAZA STE 124
City-St-Zip: SAINT AUGUSTINE, FL 32092

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: LISA LY

PRES

03/19/2009

Electronic Signature of Signing Officer or Director

Date