

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000065103

Entity Name: ALIVIA NAILS, INC.

**FILED**  
**Jul 07, 2011**  
**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

**OFFICERS AND DIRECTORS:**

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

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

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: LISA LY

PRES

07/07/2011

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

\_\_\_\_\_  
Date