

2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 06, 2008
Secretary of State**

DOCUMENT# P07000051079

Entity Name: LE'S SPA NAILS INC.

Current Principal Place of Business:

5658 CYPRESS GARDEN RD
WINTERHAVEN, FL 33884

New Principal Place of Business:

Current Mailing Address:

5658 CYPRESS GARDEN RD
WINTERHAVEN, FL 33884

New Mailing Address:

FEI Number: 20-8975976 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NGUYEN, MANH
5658 CYPRESS GARDEN RD
WINTERHAVEN, FL 33884 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/D () Delete
Name: NGUYEN, MANH
Address: 617 AVE E. SE
City-St-Zip: WINTERHAVEN, FL 33880

Title: VP/D () Delete
Name: NGUYEN, KIEU
Address: 617 AVE E. SE
City-St-Zip: WINTERHAVEN, FL 33880

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: X _____

Electronic Signature of Signing Officer or Director

P

03/06/2008

_____ Date