


2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000114677 1. Entity Name YEN'S NAIL SPA, INC.	
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Principal Place of Business 7767 LAKE WORTH ROAD LAKE WORTH, FL 33467	Mailing Address 22456 LOMBARD AVE BOCA RATON, FL 33428
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

FILED

2012 MAY -1 PM 1:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04192012 Chg-P CR2E034 (12/11)

4. FEI Number 26-1087131	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent TRUONG, HAI-YEN 22456 LOMBARD AVE BOCA RATON, FL 33428	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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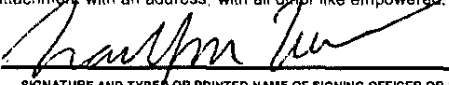
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reissuing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2012 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TRUONG, HAI-YEN 22456 LOMBARD AVE BOCA RATON, FL 33428	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000234246900 05/01/12--01017--018 ***150.00
			<input type="checkbox"/> Change <input type="checkbox"/> Addition 000234246900 05/01/12--01017--019 ***8.75
	MAY -1 2012 S. TONER		

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:  _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DATE
E-MAIL ADDRESS