

**2010 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P07000125685

1. Entity Name  
USA SPA AND NAILS INC.



Principal Place of Business  
950 NORTH CONGRESS AVE  
# 110  
BOYNTON BEACH, FL 33426

Mailing Address  
950 NORTH CONGRESS AVE  
# 110  
BOYNTON BEACH, FL 33426

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt #, etc

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

VAN, KIET T  
950 N CONGRESS AVE  
# 110  
BOYNTON BEACH, FL 33426

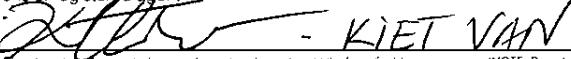
Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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:  - KIET VAN

(NOTE: Registered Agent signature required when reinstating)

9/24/10

DATE

FILE NOW!!! FEE IS \$550.00  
Due by September 24, 2010

9. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

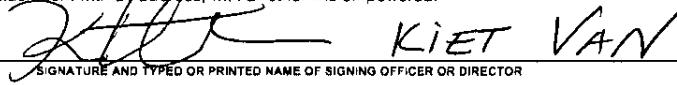
TITLE D  
NAME VAN, KIET TAN  
STREET ADDRESS 950 N CONGRESS AVE.  
CITY-ST-ZIP BOYNTON BEACH, FL 33426

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

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

9/24/10

Date Daytime Phone #

FILED

10 SEP 30 PM 1:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



09202010 Chg-P CR2E034 (11/08)

4. FEI Number  
26-1524420

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional  
Fee Required

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City

FL Zip Code

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition