

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000126101

Entity Name: ORIENT NAILS SPA, INC.

FILED  
Jan 31, 2009  
Secretary of State

**Current Principal Place of Business:**

18536 NW 67 AVE  
MIAMI, FL 33015 US

**New Principal Place of Business:**

**Current Mailing Address:**

18999 BISCAYNE BLVD  
STE 205  
AVENTURA, FL 33180 US

**New Mailing Address:**

FEI Number: 26-1459746      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SHAM, CHI FUN  
18999 BISCAYNE BLVD  
STE 205  
AVENTURA, FL 33180 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: SHAM, CHI FUN  
Address: 18536 NW 67 AVE  
City-St-Zip: MIAMI, FL 33015

Title: VP ( ) Delete  
Name: LI, JIAN GUO  
Address: 3975 NW 92 AVE  
City-St-Zip: SUNRISE, FL 33351 US

Title: S ( ) Delete  
Name: LI, LU HE  
Address: 3975 NW 92 AVE  
City-St-Zip: SUNRISE, FL 33351 US

Title: T ( ) Delete  
Name: YONG CONG, YU  
Address: 3975 NW 92 AVE  
City-St-Zip: SUNRISE, FL 33351

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: CHI FUN SHAM

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

P

01/31/2009

\_\_\_\_\_ Date