


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 16, 2008 8:00 am
Secretary of State

04-18-2008 90050 045 ***150.00

DOCUMENT # P07000088969
 1. Entity Name
HAI GIANG TRUONG, INC.



Principal Place of Business Mailing Address
 1227 KINGSWAY RD 1227 KINGSWAY RD
 BRANDON FL 33510 BRANDON FL 33510



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
ELEGANT NAILS **ELEGANT NAILS**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
1227 KINGSWAY RD **1227 KINGSWAY RD**
 City & State City & State
BRANDON, FL **BRANDON, FL**
 Zip Country Zip Country
33510 **HILLSBROUGH** **33510** **HILLSBROUGH**

1st MOORE CR2E034 (10/07)

6. Name and Address of Current Registered Agent
TRUONG, HAI G
1227 KINGSWAY RD
BRANDON FL 33510

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and fee if applicable. NOTE: Registered Agent signature required when re-registering.

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (IN 11) | |
|----------------------------|-----------------------------------|---|---|
| TITLE | P <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TRUONG, HAI G | NAME | |
| STREET ADDRESS | 1227 KINGSWAY RD | STREET ADDRESS | |
| CITY-ST-ZIP | BRANDON FL 33510 | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
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| NAME | | NAME | |
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| CITY-ST-ZIP | | CITY-ST-ZIP | |
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| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Hai G Truong* 04/07/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #