

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
May 19, 2008 8:00 am
Secretary of State

04-11-2008 90176 013 ***138.75

DOCUMENT # L07000002481	
1. Entity Name D.L. NAILS, LLC	

Principal Place of Business 1539 NW 119TH ST. MIAMI FL 33168	Mailing Address 1539 NW 119TH ST. MIAMI FL 33168
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2. Principal Place of Business - No P.O. Box # D.L. Nails LLC	3. Mailing Address D.L. Nails LLC
Suite, Apt. #, etc. 1539 NW 119 ST	Suite, Apt. #, etc. 1539 NW 119 ST
City & State miami FL	City & State miami FL
Zip 33167	Country
Zip 33167	Country

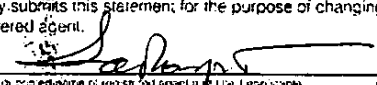


1st MOORE CR2E083 (10/07)

4. FEI Number 539-25-5870	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent LUONG, DAT TAN 20 NW 203RD RD. TERR. #C29 MIAMI FL 33169	7. Name and Address of New Registered Agent Name D.L. Nails LLC Street Address (P.O. Box Number is Not Acceptable) 1539 NW 119 ST City miami FL Zip Code 33167
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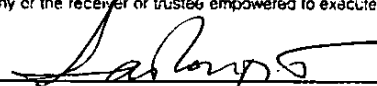
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **05/12/08**

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM LUONG, DAT TAN 20 NW 203RD RD. TERR. #C29 MIAMI FL 33169 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM NGUYEN, TUYET 20 NW 203RD RD. TERR. #C29 MIAMI FL 33169 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  DATE **05/12/08**