## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

## **Secretary of State** 03-09-2004 90049 042 \*\*\*150.00 DOCUMENT # P00000034762 DAINTY NAILS, INC. 74779703 Principal Place of Business Mailing Address 3863 LAKE EMMA RD. 3863 LAKE EMMA RD. LAKE MARY, FL 32746 LAKE MARY, FL 32746 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02242004 CR2E034 (10/03) Applied For City & State City & State 4. FEI Number 59-3638257 Not Applicable Żip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NGUYEN, TUAN Street Address (P.O. Box Number is Not Acceptable) 744 UXBRIDGE LANE LAKE MARY, FL 32746 City Zip Code 6. 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. PST TITLE ☐ Defete TITLE Change ☐ Addition Tuan Nguyen NGUYEN, TUAN NAME NAME STREET ADDRESS 744 UXBRIDGE LANE STREET ADDRESS 744 Uxbridge Lane CITY-ST-ZIP LAKE MARY, FL 32746 CITY-ST-ZIP Lake Mary, FL 32746 N Delete TITLE TITLE Addition Change NAME VO. HANH NAME 744 UXBRIDGE LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE MARY, FL 32746 CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CRY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

NAME

TITLE

NAME

Delete

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

**FILED** Mar 09, 2004 8:00 am

Addition

☐ Change